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IGI GENERAL INSURANCE LIMITED

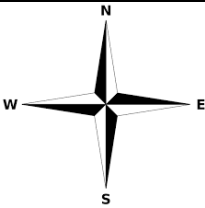
WINDOW TAKAFUL OPERATIONS

MOTOR VEHICLE ACCIDENT BENEFIT CLAIM FORM

This form should be completed and returned to the Operator immediately
(The Operator does not admit liability by the issue of this form)

The Operator does not admit liability by the issuance of this form. In the event of an accident or damage to your vehicle it must immediately be reported to the nearby police station. The Participant is particularly requested to answer each question clearly and furnish, as fully and accurately as possible, the information asked for herein. Great care should be taken in completing this form to the best of his/her ability and the information given should be strictly accurate, irrespective of whether it is the Participant's favour or otherwise as soon as possible after an accident and sent to the Operator. The Participant should not make any payment or offer promise, any payment or admit liability in any way as by doing so he/she may prejudice the position both of himself/herself and the Company/Operator.

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| PARTICIPANT | PMD No. Expiry Date (dd/mm/yyyy) Name Address Cell No. Occupation Telephone No. |
| PARTICULARS OF DAMAGE TO PARTICIPANT VEHICLE AND NATURE OF ACCIDENT | Make Model C.C/Engine Power Registration No Engine No Chassis No Type of Cover State Nature of license under which vehicle is operated For what purpose was the vehicle being used at the time of the accident? Was it being used on the Participant's order or with his/her permission? In the case of Motor Cycle, was a side car attached? Yes <input type="checkbox"/> No <input type="checkbox"/> Was a pillion passenger being carried? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the vehicle on its correct side of the road? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Accident Time (hh:mm) Place Estimated speed of Participant's Vehicle kilometer per hour. How did the accident occur? (Detailed information to be given with a necessary sketch illustrating the positions of vehicle/persons concerned at the time of Accident) in the space as provided on reverse as provided on reverse What is the extent of damage? Where can the vehicle be inspected? Have any instructions been given with regard to repairs? Name and address of Repairers Was the car driven or towed from the scene of the accident? |
| DRIVER OF VEHICLE | Name Address Occupation Age Licence No Expiry Date Date of the first Licence issue Please state the Classification of the Driving Licence-Permanent or Learner, State whether (I) Owner of vehicle (II) Owner's paid driver Length of Service (III) Person driving on Participant's order or with his permission (IV) Such person owns a car If so, give name of his/her Takaful/Insurance Company Has notice of this accident been given to that Company Yes <input type="checkbox"/> No <input type="checkbox"/> Has the driver been prosecuted for any offence in Connection with any other motor vehicle; if so, give particulars together with details of any endorsement or suspension of license Has the driver previously been involved in any accident, if so, give particulars If your paid driver was injured, please name the Operator, if any with whom your liability under the workmen's Compensation Act is covered |

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| WITNESS. IT IS MOST IMPORTANT THAT NAME AND ADDRESS OF ALL INDEPENDENT WITNESSES SHOULD BE OBTAINED WHETHER THE DRIVER AS AD SD ASSCONSIDERS HIMSELF/HERSELF TO BLAME OR NOT | Were particulars of the accident taken by a Police Constable? If so, state Police Constable's name..... No..... Was the Police Constable a witness to the accident?..... Was the Takaful Certificate produced to the Police Constable?..... Was the matter reported to the nearby Police Station? If so, give particulars Give names and addresses of all witnesses of the accident Passengers in vehicles Independent Witnesses..... Position from which independent witnesses saw accident to be stated..... If witnesses' name not taken, please given reason..... | |
| INJURY OR DAMAGE TO THIRD PARTIES | Name..... Address..... Full extent of personal injuries, damage to property?..... Make of other Vehicle Reg. No..... Model..... C.C/Engine Power..... PMD No..... If any injured person has been removed for medical attention, give name and address of the hospital or doctor..... Has notice of any Benefit/Compensation been given to you? Operator Admit no liability in any circumstances - but dispatch to the Company forthwith and unanswered any written communications which may have been received. | |
| SKETCH | <p style="text-align: center;">Please make rough plan of the place/site of accident in the space reserved below.</p> <div style="text-align: center;">  </div> | <p style="text-align: center;">Damage to the Participant's vehicle</p> Body work: Chassis..... Accessories & lamps etc..... Tyres: Estimated cost of Repairs and/or Replacement = Rs..... |
| DECLARATION | Is there any other PMD/Policy compensating you or the Driver in respect of this accident? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, the Operator (name) PMD No..... Expiry Date..... Sum Covered Rs..... I/We hereby declare that the above statements are true to the best of my/our Knowledge and belief and I/we seek benefit in respect thereof the protection of my/our PMD. | |