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IGI GENERAL INSURANCE LIMITED
WINDOW TAKAFUL OPERATIONS

MOTOR VEHICLE THEFT BENEFIT CLAIM FORM

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

1 (a) PMD Number	
2 (a) Make of vehicle (b) Registered number and Horse Power of the Participant vehicle (c) For what purposes was the Vehicle being used at the time of the theft? (d) Was the Vehicle being used in accordance with your instructions?	
3 (a) Date and hour of theft (b) Date when reported to you (c) Where did the theft occur? (d) Was the vehicle in charge of any person the time of the theft? (e) If so, who was left in charge? (f) How long had the vehicle been parked at the time of theft? (g) Were there any witnesses to the theft? (h) If so, what were their names and addresses? (i) Has the theft been reported to the Police? (j) If so, at what Police Station?	
4 What is the cost of replacement of the stolen articles? (An estimate from a well-known firm of motor agents showing the cost of replacement of the stolen property should accompany this form)	

A list of stolen and damaged property should be furnished in the form provided for overleaf.

I, _____ of _____

_____ do hereby affirm and declare that the above statements and the statements contained in the list of stolen or damaged articles are in all respects true and complete, and are made without reservation of any kind, and in accordance with the particulars given in the said list. I claim the sum of Rs. _____
I do further affirm and declare that, to my knowledge, all the articles specified in the said list are my own property.

Dated _____

Signature of Participant _____
In case of Corporate add Operator/Company stamp

List of stolen and damaged articles

DATE OF PURCHASE	PARTICULARS	VALUE	CONDITION

REMARKS