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IGI GENERAL INSURANCE LIMITED

WINDOW TAKAFUL OPERATIONS

PERSONAL ACCIDENT BENEFIT CLAIM FORM

To be completed by the Participant and his Doctor and returned within seven days of receipt by the participant.
(The Operator does not admit liability be the issue of this form)

1. Name of the Participant _____
2. PMD Number_____ Date of Payment of last Contribution_____
3. Renewal Date_____ Present address of Participant_____

   _____
4. (a) Age next birthday_____

   (b) Present profession or occupation_____
5. If benefit call is in respect of bodily injury resulting from accident

   (a) When and where did the accident occur?

   Date_____ Time_____ Place _____

   (b) How did it happen? (Full Description to be given)_____

   _____

   (c) Name and addresses of any witnesses of the accident _____

   _____

   (d) Name and address of Doctor who attended Participant immediately after the accident_____

   _____

   (e) Name and address of Doctor now attending insured_____

   _____
6. Is Participant entitled to compensation from any other operator or any club in respect of the injury or disease for which he is claiming? If so, full particulars to be given_____

   _____
7. Where can a medical or other officer of the Operator/Company visit Insured if necessary?
8. Nearest railway station and distance therefrom_____

Medical Report, any claim must be supported by a report on the reverse side of the form from the Participant's Medical Attendent, any fee for the report being payable by the Participant.

DECLARATION

I, the undersigned, hereby declare that I am the person referred to in the above statements, which are true in every respect and made without reservation, and I hereby seek benefit to be paid.

(a) compensation at the rate of _____ per week, as from the _____ or
(b) the total sum of _____ which I agree to accept in settlement of my benefit.

***Date*_____** ***Signature* _____**