



**Registered Office:**

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**Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar**

**IGI GENERAL INSURANCE LIMITED**  
**WINDOW TAKAFUL OPERATIONS**

**PRODUCT LIABILITY 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)

Please answer all questions on this page as fully as possible and relevant sections on other pages  
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

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**PARTICIPANT**

Certificate No.....Renewal date.....  
Participant's Name.....  
Address.....  
.....  
.....Postcode.....  
Telephone: Home.....Office.....  
Business..... Are

You GST Registered? Yes  No

If 'YES' state whether you can recover GST relating to the property for which you are seeking benefit (i)

Completely  (ii) Partially  (iii) Not at all  (Please tick as necessary) If

you can recover only partially, indicate reason and percentage recovery..... If

you cannot recover any GST state reason.....

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**THE EVENT**

Date.....Time.....am/pm

Where did the incident occur .....

If the accident was connected with machinery mark YES or NO below:

a. was it properly guarded ? YES  NO  b. was guard in use YES  NO

Has H M Factory Inspector/Health & Safety Executive/ Local Authorities investigated since the incident? YES

NO  Has there been any warning of prosecution? YES

NO

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**DETAILS OF BENEFIT**

Details of Product

.....  
.....

Please state if you manufacture, distribute, supply or retail the product? .....

What caused the claim .....

.....  
.....

Which product has given rise to a potential liability ?.....

.....  
Was the product defective? YES  NO  If YES give

details.....

.....  
Are there any products affected? YES  NO  If YES give

details.....

.....  
What remedial action is being taken ?.....

.....  
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Was the product used in accordance with instructions? .....

.....  
.....

From whom did you obtain the defective product?

Name.....

Address :.....

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.....

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**DECLARATION** I / We declare that to the best of my /

our knowledge and belief the above is a full and accurate statement and I / We therefore seek benefit for the Sum

of Rs.....

Date.....

Signature of Participant.....