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

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

**TRAVEL 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)

The acceptance of this Form is NOT an admission of liability on the part of the Operator. Any documentary proof or report required by the Operator shall be furnished at the expenses of the Participant or Claimant.

Required documents -For all travel claims please submit air tickets and boarding pass. For annual plans, please provide a copy of the pass port showing duration of trip. We reserve the right to request for additional information. To ensure that there is no delay in the handling of your benefit claim, please return the claim form duly completed with supporting documents.

Participant Claimant (if it differs from the above)	PMD No.
Address	Occupation
	Date of Birth
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Telephone No.                      HP No.	Travel companion(s) is/are insured with IGI? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address:	If yes, please provide details
Place where incident, loss or illness occurred	Time                      Date
Are there any other Policies of insurance in force covering you in respect of this event?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify:
Description of the incident, loss or illness	

<b>(A) PERSONAL ACCIDENT/ILLNESS - MEDICAL AND ADDITIONAL EXPENSES</b> <b>Please attach original medical receipts and copy of discharge summary or available medical report</b>	
1. Have you suffered this illness or injury or a similar condition or a recurrence of a previous illness or injury?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:
2. State amount claimed (with currency)	
3. Give name and address of your usual attending Doctor	

<b>(B) CANCELLATION/CURTAILMENT</b> <b>Please attach documents from carrier / travel agent and any relevant documents to support your claim</b>		
When and where was the trip booked?	Intended Departure Date	
	Date of cancellation	
Why was the trip cancelled?		
Amount paid by you	Amount recovered from other sources	Benefit Claimed

<b>(C) LOSS OF CHECKED IN BAGGAGE</b>					
<b>Please furnish Police Report and original purchase receipts and warranty cards</b>					
Location of police station, name of airlines/carrier or other authorities where report is lodged.					
Give details of amount claimed					
Item	Description	When and where purchased / Issued	Original purchase price	Depreciation for wear and tear	Amount Claimed
<b>(D) FLIGHT DELAY</b>					
<b>Please attach letter from Airlines/Carrier stating the reason and duration of delay</b>					
<b>Original Flight details</b>			<b>Delay Flight Details</b>		
Date: Time:			Date: Time:		
Place of Departure			Place of Departure:		
Flight No.:			Flight No.:		
Name of Airline:			Name of Airline:		
<b>(E) BAGGAGE DELAY</b>					
<b>Please attach Boarding Pass, Baggage Irregularity Report, Baggage acknowledgement slip and any other correspondence from the Airline</b>					
<b>Flight Details</b>			<b>Collection of Delay Baggage</b>		
Arrival Date:			Date:		
Arrival Time:			Time:		
Place of Departure:			Place:		
Flight No.:					
Name of Airline:					
<b>(F) OTHERS</b>					
In respect of any other claimed benefit which does not fall within the sections stated above, please provide details of the claim you are submitting. If the space below is insufficient for such details, please attach another page.					

I declare that to the best of my knowledge and belief that the above particulars are true and accurate. If I made or shall make any false or fraudulent statements, or withhold material facts whatsoever in respect of this benefit, the PMD shall be void and I shall forfeit all rights to recover therein,

I authorise any hospital doctor, other person who has attended or examined me, to furnish to the Company, and/or its authorised representatives, any and all information relating to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

Date: \_\_\_\_\_

Signed here \_\_\_\_\_  
(Participant)