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

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

**CONTRACTORS PLANT & MACHINERY**  
**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)

Benefit Claim No. \_\_\_\_\_  
Period of Coverage: \_\_\_\_\_

PMD No. \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

**A. DETAILS OF PARTICIPANT/CLAIMANT**

Name of Participant as per PMD \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_  
Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Email ID \_\_\_\_\_

**B. DETAILS OF ACCIDENT**

1	Date & Time of occurrence	
2	Place of Occurrence	
3	Name and contact details of witness	
4	Details of accident and parts affected	
5	Cause of loss	

**C. DETAILS OF ITEMS AFFECTED**

1	(a) Full description of the machinery with make & model (b) Item number in the PMD (c) Its separate value	
2	At which site of the project and for what purpose the machinery was used at the time of accident.	
3	Replacement cost of machinery affected	
4	Log book and last maintenance details	
5	Previous repair details of affected machinery including nature of repairs	
6	Details of manufacturer's warranty/guarantee.	

**D. DETAILS OF DAMAGE**

1	How did the damage occurred and what is the probable cause	
2	Details or Repairs/Replacements to be carried out	
3	Estimate of loss	
4	Name, address and contact number of the repairer	
5	Salvage value offered by the Participant towards the damaged items	

**E. DETAILS OF OTHER INSURANCE**

Give details of the other Takaful/Insurance which is covering the present loss, if any	
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**F. DETAILS OF PREVIOUS LOSSES**

Give details of previous claims, if any	
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**DECLARATION**

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the Operator may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited. I/ We also agree to provide additional information to the Operator, if required.

Place:

Signature of the Participant

Date:

(Seal is mandatory for companies)