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IGI INSURANCE LIMITED
WINDOW TAKAFUL OPERATIONS

COMPUTER ALL RISKS 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. _____

1. Name of the Participant _____
2. Address of the participant _____
3. PMD number _____ Date of incident _____
4. Brief description of item (including make, model and specification details) _____

5. Details of maintenance agreement _____
6. Particulars of failure including the cause of loss _____
7. If repairable, details of type and extent of repairs _____
8. If repair considered impractical, why? _____
9. If by theft :
 - a) Time and date _____
 - b) How committed _____
 - c) Has Police been notified _____
 - d) If so when and where _____
 - e) State results of police investigation, if any _____
10. Are you covered against the present loss under any other Takaful/Insurance policy? _____
11. Estimated new replacement value at the time of incident. _____
12. Benefit Claimed _____

I/We declare that the foregoing statement are true to the best of my/our knowledge and belief that the articles and property described on the other side hereof were lost/stolen or damaged under the circumstances above described, and that such articles and property belong to the persons named, no other person having any interest therein whether as Owner, Mortgagee or otherwise.

Date _____

Stamp & Signature of Authorized Officials _____

P.S. Please attach copy of repairers estimate / diagnosis report.