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IGI INSURANCE LIMITED

WINDOW TAKAFUL OPERATIONS

ELECTRONIC EQUIPMENT 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. _____

PMD No. _____

The issuing of the form is not to be taken as an admission of liability by the Operator.

1. Name and address of Participant		_____
Location of the object		_____
Leading Operator/Company		_____
Period		_____ Last Contribution payment
2. When did the loss or damage occur?	Time:	Date:
When was notice first given to the Operator/Company?	To whom?	
	By whom?	
3. Are there any witness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please give name, profession and address.	_____	
4. Name and address of surveyor		
5. Which item was damaged?		
Item No. in specification of PMD	_____	
Schedule.	_____	
Sum covered	_____	
Name of manufacturer,	_____	
Type of machine	_____	
Year of manufacture, serial number	_____	
(Please give full details as on manufacturer's plate)	_____	
Description of damaged item	_____	
(Capacity, r.p.m, weight, etc.)	_____	
6. Are the damaged items also covered with another Takaful/Insurance Operator/company?	If so, with which?	_____
	Scope of cover	_____

7. How did the damage occur and what was the probable cause? Please attach sketches, photos, etc. Where damage to EDP systems is involved, please furnish a loss report drawn up by the maintenance firm or supplier.	_____
8. In the event of damage to tubes or valves for X-ray equipment	Age in months Previous usage (No. of shots) Previous usage operation (for depth therapy)
9. In the event of losses caused by burglary, theft, fire, traffic accidents:	_____
	File reference used by Public Prosecutor's Office
10. In the event of damage to radio equipment:	Serial No of damaged equipment Licence No(s) of the car(s) involved in the accident File reference used by Public Prosecutor's Office
11. In the event of damage to traffic signals:	Name and full address of the person who caused the accident _____
	Licence No(s) of the car(s) involved in the accident
	Third Party Liability coverage of the person(s) who caused the accident
12. How will the damaged items be repaired, by whom and where? Please indicate repair period.	_____ _____ _____
13. What are the estimated repair costs?	
14. In the event of third parties having caused the loss:	Who blame for the loss? (If possible, please give the full address of witness) _____
15. Who is authorized to receive the compensation?	Bank Account No.

Please enclose copy (copies) of repair estimate(s), which should show a breakdown into material costs, labour charges including man hours worked and freight charges.

The undersigned Participant declares that he has answered the above questions conscientiously and truthfully.

Issued at _____ this _____ day of _____

Signature _____