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IGI INSURANCE LIMITED
WINDOW TAKAFUL OPERATIONS

MACHINERY BREAKDOWN 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 _____
3. Plant Location _____
4. PMD No: _____
5. Brief description of item: (including maker's name & number) date of make, how driven and duty _____

6. Brief particulars of sequence of events leading to failure _____
7. Action taken to prevent/minimise damage _____
8. Particulars of failure including the cause _____
9. Detailed description of damage (please attach sketches or photographs are usually helpful) distinguishing between damage and wear & tear, giving reasons and evidence _____

10. Details of type and extent of repairs considered necessary _____
11. Where can repairs be carried out (giving due consideration to quality and cost)? _____
12. If repair is considered impractical, why? (Is a replacement machine of similar type and size known to be available?) _____

13. Estimated cost? (Any Salvage value - market available) _____
14. Recommendations for preventing a recurrence _____
15. Are there any consequential loss implications? _____

Date _____

Signature _____