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IGI INSURANCE LIMITED
WINDOW TAKAFUL OPERATIONS

PRODUCT LIABILITY 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)

Please answer all questions on this page as fully as possible and relevant sections on other pages
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

PARTICIPANT

Certificate No.....Renewal date.....

Participant's Name.....

Address.....

.....

.....Postcode.....

Telephone: Home.....Office.....

Business.....

Are You GST Registered? Yes No

If 'YES' state whether you can recover GST relating to the property for which you are seeking benefit

(i) Completely (ii) Partially (iii) Not at all (Please tick as necessary)

If you can recover only partially, indicate reason and percentage recovery.....

.....

If you cannot recover any GST state reason.....

.....

THE EVENT

Date.....Time.....am/pm

Where did the incident occur

If the accident was connected with machinery mark YES or NO below:

a. was it properly guarded ? YES NO b. was guard in use YES NO

Has H M Factory Inspector/Health & Safety Executive/ Local Authorities investigated since the incident?

YES NO

Has there been any warning of prosecution? YES NO

DETAILS OF BENEFIT

Details of Product

Please state if you manufacture, distribute, supply or retail the product?

What caused the claim

Which product has given rise to a potential liability ?.....

Was the product defective? YES NO

If YES give details.....

Are there any products affected? YES NO

If YES give details.....

What remedial action is being taken ?.....

Was the product used in accordance with instructions?

From whom did you obtain the defective product?

Name.....

Address :

DECLARATION

I / We declare that to the best of my / our knowledge and belief the above is a full and accurate statement and

I / We therefore seek benefit for the Sum of Rs.....

Date.....

Signature of Participant.....