



Registered Office:

7th Floor, The Forum,
Suite No. 701-713, G-20, Block-9,
Khayaban-e-Jami, Clifton,
Karachi-75600, Pakistan.
UAN : (+92-21) 111-308-308
Fax : (+92-21) 35301706
Email: contact.generaltakaful@igi.com.pk

Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

IGI INSURANCE LIMITED
WINDOW TAKAFUL OPERATIONS
ACCIDENT TO WORKMAN
BENEFIT CLAIM FORM

The issue of this form is not to be taken as admission of liability nor does answering these questions imply that the injured person is making a claim. If any detail/information is not readily available, please do not delay dispatch of the report. Such Particulars may be sent later.

All written communication shall be forwarded to the Operator.

THE EMPLOYER

1. Name of the Participant _____
2. Location of risk _____
3. Business _____
4. Address _____
5. PMD No. _____

THE INJURED PERSON

1. Name _____ Age _____ Sex _____
2. Local Address _____
3. Complete Address _____
4. Name and Address of father _____
5. State occupation in which the injured person is employed _____
6. Was the injured person engaged in this occupation when the accident occurred? If not state fully the nature of the work he was doing at the time of accident _____
7. Is the injured person in your direct employment? If not, then give name and address of Contractor _____
8. When did the injured person enter your service? _____
9. Name of the hospital taken to? _____ In or Out patient _____
10. State whether still in hospital, or when discharged _____

11. Has the injured person been medically examined? If so please send report if it was not a free medical examination? _____
12. State whether returned to work and if so, when? _____
13. Are you satisfied that the injured person has met with a bonafied accident of employment? _____
14. Is the injured person able to do partial work? _____
15. What is the probable period of the disablement (approximate)? _____

THE ACCIDENT

Date _____ Time _____ Place _____

1. On what date did you receive notice of accident and from whom? If in writing please attach to this Form

2. On what date did the injured person actually cease work? _____
3. State cause of accident and if from machinery or gearing
 - (a) Whether it was fenced or guarded? _____
 - (b) Was it being cleaned whilst in motion? _____
4. What was the general nature of the contract or work going on? _____
5. State nature of injury _____
6. State regions injured _____
7. State right or left side _____
8. Was the injured person under the influence of alcohol or drugs at time of the accident? _____
9. Was he guilty of any misconduct or disobedience to orders or rules? If so, please give full details _____

10. Did the accident occur through anyone's negligence? If so, please give full detail _____

11. State the names of any person who witnessed the accident _____

The above replies are correct to the best of my/our knowledge and belief

Date _____

Signature of Employed _____