



TAKAFUL PAKISTAN LIMITED

Business Centre, 6th Floor, Plot NO. 19-1-A, Block-6, P.E.C.H.S., Shahrah-e-Faisal,
Karachi-75400. UAN: (+92 21) 111 875 111; Fax: (+92 21) 34373195

ELECTRONIC EQUIPMENTS TAKAFUL CLAIM FORM

(The Company does not warrant admission of liability by issuing this form)

Policy No. _____

1. Name and address of the Participant		_____
Location of the object/equipment		_____
Leading Insurer/Takaful Operator		_____
Period of contract	From:	To:
2. When did the loss or damage occur?	Time:	Date:
When was the notice first given to the Company?	To whom?	_____
	By whom?	_____
3. Are there any witnesses of the loss?	<input type="radio"/> yes	<input type="radio"/> no
If so, please give names, professions and addresses.	_____	
4. Name and address of the surveyor		
5. Which item was damaged?		
Item No. in Specification of Policy Schedule	_____	
Sum Covered	_____	
Name of the 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.)	_____	

If more than one scheduled item is affected, please complete one form per item.

6. Are the damaged items also insured/covered with another Company?	If so, with Which Company? _____
	Scope of cover _____
7. How did the damage occur and what was its probable cause? Please attach sketches, photos etc. Where damage to EDP systems is involved, please furnish a loss report drawn up by the maintenance/Support firm or supplier.	_____ _____ _____ _____
8. In the event of damage to tubes or valves for X-ray equipment, please provide:	Age in months _____ Previous usage (No. of shots) _____ Hours of operation (for depth therapy) _____
9. In the event of losses caused by burglary, theft, fire, traffic accidents, please advise	Which police station did you notify of the incident? _____ File reference used by Public Prosecutor's Office _____
10. In the event of damage to radio equipment, please provide	Serial No. of the damaged equipment _____ Licence No. (s) of the other vehicle(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 Insurer/Takaful operator of the person(s) who caused the accident _____
12. How will the damaged item be repaired, by whom and where? Please indicate estimated repair period.	_____ _____ _____
13. What are the estimated repair costs? ²	_____
14. In the event of third parties having caused the loss:	Who was to blame for the loss? (If possible, please give the full address of witnesses). _____ _____
15. Who is authorised to receive the indemnity?	_____ Bank _____ Account No. _____

²Please 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 claimant declares that he has answered the above questions conscientiously and truthfully.

Issued at _____ this _____ day of _____ 20____

Signature

FOR OFFICE USE ONLY

Claim No.:	
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Payment of Contribution	RT. No.						
	Date	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y
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