



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

MONEY TAKAFUL Claim Form

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

Claim No.

Name of the Participant:	<input type="text"/>	Contact No:	<input type="text"/>
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Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Policy Number:	<input type="text"/>	Payment of Contribution	R. T. No.	<input type="text"/>
Expiry Date:	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>

Total Sum Covered:	Annual Carry Limit	Rs.
	Cash-in-Transit	Rs.
	Cash-in-Safe	Rs.
	Cash-on-Counter	Rs.

Section - I Cash-in-Transit

Circumstances of Loss

State when did the accident take place?

Time: AM PM

State where did the accident take Place?

Please give full particulars/details of the circumstances of loss:
(Please use separate sheet if required)

Was there any employee of the Participant involved? If yes, since how long has the employee(s) been in service?

What is his present remuneration?

What action did your employee(s) take?

- i) Bank assistance
ii) Inform police

Is the matter duly reported to the police?
If so, at what police station? Please also enclose copy of police report or FIR.

What action has been taken by the police authorities?

Does the loss arisen due to wilful misconduct/negligence of the employee?
What disciplinary action has been taken against him?

Do you have any deposit or cash guarantee/fidelity Takaful/Insurance Policy in respect of the employee involved in the loss?	
Estimated amount of loss and how arrived at?	

Section - II
Cash-in-Safe and/or on-Counter

Circumstances of Loss

State when did the accident take place?	D D M M Y Y Y Y	Time:	H H M M	<input type="checkbox"/> AM	<input type="checkbox"/> PM
State where did the accident take place?					
By whom the loss discovered?					
Complete address of the premises where the loss occurred: State whether premises was solely or jointly occupied by the Participant?					
Please give full particulars/details, how the loss/theft occurred? Give full details of the property lost. (Please attach separate sheet if required)					
Is there any evidence of theft or forcible entry or breaking into the safe? Please provide full details and if required, use separate sheet.					
Is the matter duly reported to the police? If so, at what police station? Please also enclose copy of police report or FIR.					

Description of Safe:

Makers name, year of manufacture and purchase. Also give the size of the safe.	
Please give details of the locking device whether double lock fitted or safe fitted with burglar alarms.	
No. of keys to the safe, name of persons in possession of the keys or with access to the keys.	
Please advise name of person who holds keys in his charge after banking hours.	
Whether any keys were found to be missing after the loss?	
Please state time when safe was last opened prior to loss and by whom	
Please give details collaborated with entries in cash book of cash/document bullion etc lodged in safe prior to loss.	
Details and amount of cash/documents bullion found in safe after loss. Please state name of official who verified this amount. Also name(s) of any witness(es) if present.	
Estimated amount of loss and how arrived at?	

I/We declare that all statements made on this form are true to the best of my/our knowledge and believe and that the articles and property described belong to the persons named, no other person having any interest therein whether as Owner, Mortgagee, Trustee, or otherwise.

Date:	D	D	M	M	Y	Y	Y	Y
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Signature and Rubber Stamp of the Participant

It is important that this form should be completed in all respects and returned to the Company at once. If the space provided is insufficient, please use separate sheet.