SALAAM TAKAFUL LIMITED

(Formerly 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

SALAAM PLATE GLASS TAKAFUL

Claim Form

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

Name of the Participant:		Contact No:	

Address:	

Policy Number:		Expiry Date:	D D M M Y Y Y Y

Address where Glass was fitted/situated? Please state precise position of Glass describing Window, Door, Fanlight, or Fitment:	

State when did the accident take place?	D D M M Y Y Y Y	Time:	H H M M ◯ AM ◯ PM

Cause of breakage?	
Size of plate broken?	
Nature/type of plate broken?	◯ Plain ◯ Embossed ◯ Muranese ◯ Silvered ◯ Brilliant Cut ◯ Rough ◯ Matted ◯ Lettered ◯ Tinted Any other, please specify _____
Have you ever before suffered a similar loss? If so, please state details of loss:	
Was the matter reported to the police authorities? If so, give name and address of the police station and state what action if any, has or is being taken. Also provide a copy of FIR:	
a) Is the above property insured/covered elsewhere?	
b) If so, give the name of each company or insurer/takaful operator, and amount you are entitled to claim:	

I/We agree that if it is found that the glass is not covered under the above policy then I/We will repay to the Company the amount of the cost of reinstatement.

Date: D D M M Y Y Y Y

_____

Signature and Rubber Stamp of the Participant

FOR OFFICE USE ONLY

Claim No.:	

Payment of Contribution	RT. No.	
	Date	D D M M Y Y

Checked By: _____
(Signature)

Date D D M M Y Y Y Y

Remarks (If any): _____

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