

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 MACHINERY BREAKDOWN TAKAFUL CLAIM FORM

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

		Policy No.		
Name and address of the Participant				
Period of Coverage	Form:		То:	
When did the loss or damage occur?	Time:		Date:	
Who witnessed the damage or discovered it?				
Which machine was damaged?				
Please mention:				
a) its position in the Machinery Breakdown Schedule.				
b) description of the Machine.				
c) main dimensions (Power, r.p.m., weight, capacity, etc.				
d) manufacturer and type.				
e) year of make & factory serial				
number (according to factory label)				
5. a) How long are you the owner of the				
damaged machine?				
b) Was the machine new or used when you become its owner?				
c) What is the new price of the machine including freight, foundations, custom				
duties and erection costs?				
d) Sum covered of the damage machine				
Does the damage consist in a total loss?				
7. What is the extent of damage and which				
parts have to be replaced?	1			

Do the damaged sections sl casting defects, material de- previous repairs?				
9. What is in your opinion the damage including freight, and erection costs?				
10. What Wash the cause of the how did it happen? (To be ar detail, together with the star witnesses and if possible, dra showing the damaged section	swered in sements of theaw a sketch			
a) Was the damaged par previously?	t repaired			
b) If yes, type of previous rep	pairs,			
c) If yes, when was the dama	age reported?			
Did you already ask for cost if yes, please state the estimate.				
To which company do yorder the repairs (Name an				
Is there a valid manufact for the damaged machine?	ure's guarantee			
(Location) day, month, year,				
ne undersigned claimant de	material costs, labour	charges - including m	an-hours worked	-
ued at	this	da	ay of	20
gnature				
	FOR (OFFICE USE ONLY		
Claim No.:		Payment of Contribution		D D M M Y Y
		Checke	d By:	(Signature)
		ı	Date D D	M M Y Y Y Y
Remarks (if any):				