



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 FIRE TAKAFUL CLAIM FORM

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

Name of the Claimant(s)	Policy No. (If more than one Policy see reverse)		
Name of the Participant			
When did the loss occur?	Time:	Day:	Date:
Situation of Property damaged or destroyed			
How were the premises occupied at the time of loss?			
What was the cause of loss and under what circumstances did it occur?			
Does the Policy give a correct description of the property in all respects as it existed immediately before the loss?			
Has any element of risk been introduced which was not allowed by the Policy?			
Have the conditions and warranties of the Policy been complied with in every respect?			
Is the claimant the sole owner of the property damaged or destroyed? If not, state the full particulars of any other interest.			
Has there been a previous loss in this premises, or in any other premises in which the Participant was interested? If so, state full particulars including the cause of such loss or losses.			
Were there at the time of loss, any other existing insurances/Takaful Policy(ies), whether effected by the claimant or any other person, on the said property with any other company or society? If so, state full particulars and attach a copy, if not, please write "No"	Name of Company	Type of Cover	Amount

I/We _____ now residing _____

_____ do hereby declare that the above is a full, true and accurate statement. I/We further declare that the articles mentioned on the reverse side being my/our property, and covered under the above-mentioned Policy or Policies, were accidentally destroyed or damaged, without any design or procurement on my/our part, by the aforesaid loss, according to the extent and values annexed; whereof I/We claim from Salaam Takaful Limited the sum of PKR _____ the amount thereof.

I/We solemnly declare that I/We have in no manner nor by any fraud nor by wilful misrepresentation nor by non - disclosure sought unjustly to benefit by this loss and that this solemn declaration is made by me/us conscientiously believing the same to be true.

As witness my/our hand, this _____ day of _____ 20____ taken and declared at _____
this _____ day of _____ in the year 20_____.

Signature of the Claimant

FOR OFFICE USE ONLY

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

Checked By: _____
(Signature)

Date

D	D	M	M	Y	Y	Y	Y
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Remarks (If any): _____

SALAAM FIRE TAKAFUL CLAIM SHEET

Detailed Statement of Property destroyed or damaged by Fire and/or Allied Perils covered

Policy No. _____ or Salaam Takaful Limited. (if more than one policies are involved, see below)

Policy No.	Description	Value of the affected property at the time of loss or damage PKR	Value of Salvage PKR	Amount Claimed after deducting value of salvage PKR

TO BE COMPLETED IF MORE THAN ONE POLICES ARE INVOLVED

Policy No.	PROPERTY COVERED	AMOUNT (PKR)
1		
2		
3		
4		
5		