



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

MACHINERY BREAKDOWN TAKAFUL CLAIM FORM

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

Policy No. _____

1. Name and address of the Participant		

Period of Coverage	Form:	To:
2. When did the loss or damage occur?		
Time: _____ Date: _____		
3. Who witnessed the damage or discovered it?		

4. 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		

6. Does the damage consist in a total loss?		

7. What is the extent of damage and which parts have to be replaced?		

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

8. Do the damaged sections show traces of casting defects, material defects of previous repairs?	
9. What is in your opinion the amount of damage including freight, custom duties and erection costs?	
10. What was the cause of the damage and how did it happen? (To be answered in detail, together with the statements of the witnesses and if possible draw a sketch showing the damaged section).	
11. a) Was the damaged part repaired previously?	
b) If yes, type of previous repairs,	
c) If yes, when was the damage reported?	
12. Did you already ask for cost estimate? if yes, please state the estimated amount.	
13. To which company do you intend to order the repairs (Name and Address)	
14. Is there a valid manufacture's guarantee for the damaged machine?	
(Location) day, month, year,	

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 border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;">D</td> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> </tr> </table>	D	D	M	M	Y	Y
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): _____

