



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

PLATE GLASS TAKAFUL QUESTIONNAIRE AND PROPOSAL FORM

(Please use a separate sheet wherever necessary)

Name of the Proposer:									
Address:									
Address of the Premises where Glass is contained:									
What business is carried on in the premises in which the Glass is contained?									
Is any of the Glass cracked or otherwise damaged? If so, particulars should be given with a sketch showing the relative position (cracked or damage this may be included in the proposal but the liability of the company does not commence until the imperfect glass has been replaced by sound glass).									
Is the glass exposed to any special risk? If so, particular should be given.									
Desired period of coverage: From:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
To:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

GLASS TO BE COVERED

The Shop front is deemed to mean the windows, doors returns, facias Stall boards, transoms and fanlights on the ground of the premises.

Particular of glass so fitted on the shop front or inside shop and whether movable a fixture	Number of squares or pieces	Is the Glass Plate or sheet or beaded, plain, seattered, embossed, bent, armounted, toughened, lettered or ornamented.	Description in inches	For Company use only

EXTENSION OF COVER

Is cover required in respect of a) damage by fire, loss by theft of or accidental damage to:		
i) neon sign? If so, state number of signs, description, position and replacement value of each	Number:	Description:
	Position:	Value Rs.:
ii) Other illuminated signs? If so, state number of signs, description, position and replacement value of each	Number:	Description:
	Position:	Value Rs.:
b) accidental breakage of		
i) Fluorescent lighting fit tents (other than tubes) and electric light bowls? If so, state number and replacement value.	Number:	Value Rs.:
ii) fixed wash sinks, lavatory etc? if so, state number of such items and replacement value.	Number:	Value Rs.:
c) damage by impact or falling glass to		
i) frame work of shop front? If so, state value.	Value Rs.:	
ii) goods on display in window? If so, state maximum total value of such goods and maximum value of highest value of any single item.	Maximum value of goods Rs.:	
	Value of any single item Rs.:	
What claim have occurred during the past three years and from what causes?		
Has any Takaful Operator or Company or underwriter insuring/covering glass at any time?		
a) Declined a proposal from Proposer?		
b) Declined to renew an existing Policy?		
c) Demanded and increase contribution for renewal? If so, details should be given.		
Is the Glass at present insured/covered? If so, with what insurers/takaful operator?		

Note: In the event of breakage the loss is assessed as for plain glass unless the contrary is expressly stated in the policy.

I/We desire to obtain the coverage with the Company against the risk herein specified.

DECLARATION

1. I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the Company of any material alterations to these facts occurring during the currency of this Policy.
2. I/We agree that the statements and declaration contained in this proposal form shall be the basis of my/our beneficiary status in the Takaful Fund and deemed to be incorporated in the Policy.
3. I/We hereby undertake to contribute the agreed amount to the Takaful Fund maintained and operated by the Company.
4. I/We understand that as per the rules of Takaful Fund, by doing so I shall stand entitled to the membership of the Takaful Fund and being one of its beneficiaries subject to the rules and regulations of the Fund.
5. As a prospective beneficiary of the Fund, I/We offer my/our property, as specifically described in the attached schedule, for the indemnity cover provided by the Fund to its beneficiaries.
6. I/We hereby request to be issued with a confirmation to acknowledge my membership and my consequential rights as a beneficiary of the Fund.

Signed at: _____

Signature of the Proposer _____

Dated:-

D	D	M	M	Y	Y	Y	Y
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