



# TAKAFUL PAKISTAN LIMITED

Business Centre, 6<sup>th</sup> Floor, Plot No. 19-1-A, Block-6, P.E.C.H.S, Shahrah-e-Faisal, Karachi-75400, (Pakistan)  
UAN : (+92-21) 111-875-111, Fax : (+92-21) 4373195-6

## MOBILE PHONE ALL RISK TAKAFUL QUESTIONNAIRE AND PROPOSAL FORM

(Please use a separate sheet wherever necessary)

|                       |  |
|-----------------------|--|
| Name of the Proposer: |  |
| Address:              |  |
|                       |  |
|                       |  |

### Details of Mobile Phone:

|                   |  |                            |  |
|-------------------|--|----------------------------|--|
| Make              |  | Model                      |  |
| Serial No./Code:  |  | User Name                  |  |
| Mobile Number:    |  | Current Market Value (Rs.) |  |
| Date of Purchase: |  | Warranty Period:           |  |

**Previous Insurance/Takaful and Claim History** If the answer to any of the following is yes, please provide complete details :

|   |  |
|---|--|
| Have you previously been covered / insured? If yes, When and with whom? |  |
| Has the previous<br>a) application been declined?                       |  |
| b) coverage required increased contribution/premium?                    |  |
| c) required special restriction?  |  |
| d) been terminated/not renewed by any insurer or Takaful operator?      |  |
| e) Has your company suffered any loss(es) during the last three years?  |  |

|                                   |   |     |   |
|-----------------------------------|---|-----|---|
| Desired period of coverage: From: | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | To: | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
|-----------------------------------|---|-----|---|

## 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 |
|---|---|---|---|---|---|---|---|