



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

MOTOR VEHICLE TAKAFUL CLAIM FORM

NOTE:

1. The Company does not warrant liability by issuing this form
2. This form must be returned to the Company immediately with all questions fully answered whether a claim is likely to arise or not.
3. Please read this form thoroughly before filling in details.

| | | | |
|--------------------------|--|---------------|-----------------|
| Name of the Participant: | | Tel./Fax No.: | |
| Occupation: | | Email: | |
| Address: | | | |
| | | | |
| | | | |
| Policy Number: | | Expiry Date: | D D M M Y Y Y Y |

PARTICULARS OF VEHICLE (Involved in Accident)

| | | | | | | | |
|--|--|---|--|-------------|--|---------|--|
| Make of Vehicle | | Model: | | C.C.: | | Colour: | |
| Registered letters and Numbers | | Engine No. | | Chassis No. | | | |
| Was a trailer attached? | <input type="radio"/> Yes <input type="radio"/> No | How many persons were in the vehicle at that time? | | | | | |
| Is the Participant owner of the vehicle? | <input type="radio"/> Yes <input type="radio"/> No | Was vehicle in proper order and in what condition at that time? | | | | | |
| For what purpose was vehicle being used? | | For what purpose generally used? | | | | | |
| Was the vehicle being used with the Owner's knowledge and consent? | | | | | | | |

FOR MOTOR CYCLE:

| | | | |
|------------------------|--|------------------------------|--|
| Was side car attached? | <input type="radio"/> Yes <input type="radio"/> No | Was a pillion rider carried? | <input type="radio"/> Yes <input type="radio"/> No |
|------------------------|--|------------------------------|--|

FOR "GOODS CARRYING" VEHICLE:

| | | | |
|--|--|-------------------------|--|
| State nature and approximate weight of load carried? | | Was a Trailer attached? | <input type="radio"/> Yes <input type="radio"/> No |
|--|--|-------------------------|--|

DRIVER:

| | | | |
|--|--|------|--|
| Name of person driving the vehicle at the time of accident | | Age: | |
| Address of driver | | | |
| | | | |

| | | | |
|-----------|------------------------------|---------------------------|--------------------------|
| Is Driver | Owner? | <input type="radio"/> Yes | <input type="radio"/> No |
| | Owner's regular paid driver? | <input type="radio"/> Yes | <input type="radio"/> No |
| | Owner's relative or friend? | <input type="radio"/> Yes | <input type="radio"/> No |

| | | | | | | | | | | | | | | | | | | | |
|-----------------|--|-------------|---|---|---|---|---|---|---|---|--------------|---|---|---|---|---|---|---|---|
| Licence Number: | | Issue Date: | D | D | M | M | Y | Y | Y | Y | Expiry Date: | D | D | M | M | Y | Y | Y | Y |
|-----------------|--|-------------|---|---|---|---|---|---|---|---|--------------|---|---|---|---|---|---|---|---|

| | | | | |
|--|--|--|---------------------------|--------------------------|
| Has it been endorsed? If so, give particulars. | | If paid driver, under the influence of alcohol or drugs at the time of the accident? | <input type="radio"/> Yes | <input type="radio"/> No |
|--|--|--|---------------------------|--------------------------|

DETAILS OF ACCIDENT OR LOSS

| | |
|-----------------------------------|--|
| State how accident/loss occurred? | |
|-----------------------------------|--|

| | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|-------|---|---|---|---|--------|--|
| When did the accident/loss take place? | D | D | M | M | Y | Y | Y | Y | Time: | H | H | M | M | Place: | |
|--|---|---|---|---|---|---|---|---|-------|---|---|---|---|--------|--|

| | | | |
|--|--------------------|-----------------|-----|
| Estimated speed of the vehicle at the time of accident | Kilometer per hour | Miles per hour: | m/h |
|--|--------------------|-----------------|-----|

WITNESSES

(It is most important that names and addresses of all independent witnesses of the accident should be obtained, whether the driver considers himself to be blamed or not).

| | | |
|--|--|--|
| Give names and address of all witnesses of accident: | Passengers in Car | |
| | Independent witnesses | |
| | If witness's names not taken, give reason(s) | |

| | | | | |
|---|---------------------------|--------------------------|------------------------|--|
| Did a policeman witness accident or take particulars? | <input type="radio"/> Yes | <input type="radio"/> No | Policeman Name and No. | |
|---|---------------------------|--------------------------|------------------------|--|

| | |
|---|--|
| Was any statement, as to fault, made by witness or drivers at the time? | |
|---|--|

| | |
|---|--|
| Was the matter reported to the police? If so, give name and address of police station and state what action if any, has or is being taken | |
|---|--|

| | |
|---|--|
| If not reported to the police, the reason for the same. | |
|---|--|

PARTICULARS OF DAMAGE AND/OR INJURY TO THIRD PARTY(IES) (Property or Personal):

| | | | |
|-------|--|-------------|--|
| Name: | | Contact No. | |
|-------|--|-------------|--|

| | |
|----------|--|
| Address: | |
|----------|--|

| | |
|---|--|
| Full extent of personal injuries or damage to property. | |
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|---|--|
| If any injured person has been taken to hospital or medically attended give name and address of the hospital or doctor. | |
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| | | | |
|--|--|---|--|
| Has notice of any claim been given to you? | <input type="radio"/> Yes <input type="radio"/> No | Name of Insurer/Takaful Operator and Policy No. | |
|--|--|---|--|

Note: Please admit no liability in any circumstance but despatch to the Company forthwith and unanswered any written communication which may have been received.

PARTICULARS OF DAMAGE OF COVERED/INSURED VEHICLE:

| | |
|-----------------------------|--|
| Full particulars of damage. | |
|-----------------------------|--|

| | | | |
|-------------------------------------|--|-----------------------------|--|
| Where the vehicle can be inspected? | | Estimated cost of repair(s) | |
|-------------------------------------|--|-----------------------------|--|

In the event of damage to tyres as a result of the accident state:

| | | | |
|-----------------------|--|---------------------------|--|
| When purchased? | | Approximate mileage done. | |
| Has it been reloaded? | | When? | |

An estimate of cost of repair(s) should immediately be obtained and forwarded to the Company.

THEFT

| | |
|--|--|
| Did the loss occur while the vehicle parked on street? Was it unattended? If so, how long? | |
| If the vehicle was in garage, was forcible entry made? If so, in what manner? | |
| Have the police been informed/ reported? If so, when and with what result? If no, why not? | |
| Was any damage inflicted to the vehicle? | |
| Please state further particulars, if any? | |

In all cases of theft F.I.R. and Final Police Report must be obtained and forwarded to the Company

| | |
|---------------|---|
| SKETCH | Please make a rough plan of the road in the space reserved below, illustrating the positions of the vehicle and persons concerned at the time of accident. An arrow indicate the direction in which they were moving. |
|---------------|---|

Is there any other Takaful or Insurance Policy(ies) indemnifying you or the person driving the vehicle in respect of this accident?

Yes No

If so, please mention name of the Company, Policy Number(s) and the Sum Covered: _____

I/We hereby confirm that the above statements contained in this claim form are true and correct to the best of my/our knowledge and belief. Further, I/We have not concealed, misrepresented or misstated any material fact under this claim form.

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature with Company's Rubber Stamp
(In case of an individual, rubber stamp is not required)

FOR OFFICE USE ONLY

Claim No.:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|-------------------------|---------|---|---|---|---|---|---|---|---|
| Payment of Contribution | RT. No. | | | | | | | | |
| | Date | D | D | M | M | Y | Y | Y | Y |

Checked By: _____
(Signature)

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Remarks (If any): _____



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