Takaful Claim Form
Business Cover Takaful

Date: _____

Name: _____

CNIC No: _____ Contact No:_____

Resident Address: _____

_____

Account Number: _____

Claim For

- ☐ Office Structure & Contents
- ☐ Cash In Safe
- ☐ Facial signboard / signage
- ☐ Personal Accident
- ☐ Terrorism
- ☐ Stock/ inventory/Laptop

Claim Details

For Office Structure & Contents/ Cash In Safe/ Facial signboard / signage/ Stock/ Inventory/ Laptop)

1. Date of Loss: _____ 2. Time of Loss: _____

3. Where did the loss occur? *Location:* _____

4. Amount Claimed (in PKR): _____

5. Value of Property at the time Loss: _____ 6. Value of Salvage (if any): _____

7. Office Address: _____

Description of Property Damaged:

Claim Details

For Personal Accident

1. Cause of Death: _____

2. Date of Incident: _____ 3. Time of Loss: _____

4. Where did the loss occur? *Location:* _____

5: Beneficiary Name: _____ 6: Beneficiary's Relationship: _____

7. Briefly narrate the incident:

List of Required Documents

1. Copy of CNIC
2. Claim Form duly completed, signed & stamped.
3. Original FIR (In case of Accidental death)
4. Fire Brigade Report (in case of Fire)
5. Legal Heirship Certificate (in case of Accidental Death)
6. Death Certificate from Authorized Doctor/Hospital (in case of Accidental Death).
7. CCTV footage (If available)

Any other document/ information required on case to case basis

8- What action did you take?

☐ Informed the police ☐ No ☐ Yes *Date:* _____ *Time:* _____

☐ Informed EFU General Insurance Ltd- Window Takaful Operations ☐ No ☐ Yes *Date:* _____ *Time:* _____

☐ Informed Fire Brigade in case of fire. ☐ No ☐ Yes *Date:* _____ *Time:* _____

Declaration

I☒We do hereby affirm that the above statements of facts are in all respects true and complete to the best of my☒our knowledge and belief as I☒we claim in respect thereof.

_____ _____

Signature of Claimant: Checked by:

_____

Submitted Date: