PAK-QATAR
GENERAL TAKAFUL
Together We Protect

PERSONAL ACCIDENT CLAIM FORM

(This form should be completed and returned without delay)

Policy No _____ Claim No _____

The MEDICAL CERTIFICATE OVERLEAFis to be furnished at the expense of the participant.							
Full Name							
Residence Address							
Telephone No		Present Age	Yrs	Height	cms	Weight	Kgs
Business Address							
Present Business & Occupation (If more than one State all)							

Accident / Injury / Illness					
Date		Time		Place	
Give particulars of the cause,and the injuries sustained					

Names and the addresses of any witnesses of the accident.

Name and address of the Doctor attending you

State where and when a Medical or other officer of the Company can visit you, if necessary.

State the period during which you have totally disabled from attending to your business as the sole and direct result of the accident.

Are you still totally disabled?If not, from what date were you able to attendto some part of your business?

Have you previously claimed or received compensation under an Accident and/or Sickness Policy?If so, please give particulars.

Are you insured elsewhere?

If so, give the name of each Company or Insurer, and amount you are entitled to claim.

I, the undersigned, do hereby declare that, to the best of my knowledge and belief, the foregoing particulars are true and correct.

Date: _____ Signature: _____

PRIVATE AND CONFIDENTIAL

MEDICAL CERTIFICATE TO BE COMPLETED BY INSURED'S DOCTOR

It is understood that this certificate will be completed on the basis of your existingknowledge and without undertaking anyfuture examination.

I CERTIFY that _____

was injured on _____

his injuries are _____

if his injuries are complicated by any other conditions, give details _____

_____ He is solely and directly totally / partially disabled on a result of the

injuries and will be so disable until _____

Date _____

_____

Siganture and Qualification

Total disablement occurs when the insured is wholly prevented from attending to his business or occupation.

Partial Disablement when prevented from attending to a substantial portion thereof.

Address: Suite # 402- 404, Business Arcade, P.E.C.H.S. Block 6, Sharah-e-Faisal, Karachi
Phone: (0092) 21- 34380357-61, Fax: (0092) 21 – 34386453