Website: www.salamtakafulinsurance.com Email: info@salamtakafulinsurance.com



ELECTRONIC EQUIPMENT CLAIM FORM								
Instruction: Use	(\checkmark) where appropriate.							
Special Notice: i- By the conditions the policy is rendered void if any claim be fraudulent or Intentionally								
	exaggerated. Or If any false statement or declaration be made in support of it.							
i	i- It is therefore important that this form should be completed with great care.							
	PART A: POLICY DETAILS							
POLICY NO:								
	PART B: PARTICIPANT DETAILS							
ſ								
FULLNAME:								
ADDRESS:								
ADDRESS.								
TELEPHONE:								
	PART C: RISK DETAILS							
i- Describe the f	ull circumstances of the loss, damage or theft stating DATE & TIME							
L Time::am/pm format нн:мм Date:// format dd/mm/yyyy								
	ct any person in connection therewith? YES NO							
If yes, give de								
iii- Date Police v	vas advised and address of Station:							
(a) Date:	// format dd/mm/yyyy							
(b) Address:								
iv- What other s	teps have been taken to recover the property?							
	· ·							
Authorized and Re	gulated by:	Member of:						



EXTENT C	OF DAMAGE									
v- Is the	item(s) Repairable?	YES NO								
vi- State the Cost of Repairs/Replacement of lost Data										
	vii- State the name and of the Address of the Vendor									
	NAME:									
ADDR	ADDRESS:									
	PART	D: OTHER TAKAFUL/INS	SURANCE DETA	ILS		J				
Are there	any other insurance/Takaful	operators against loss, d	amage or theft	on the s	ame					
property?	YES NO									
If YES, ple	If YES, please give full details below:									
	PART E: FULL DETAILS O	F ITEMS LOST OR STOLEN								
No. of	FULL DESCRIPTION	Name and Address	Date of	Cost	Amount claimed					
Articles		of Seller or Presenter	purchase or Presentatio	paid	allowing for Depreciation					
					Depreciation					
				H						

Authorized and Regulated by:



Member of:



PART F: DECLARATION													
I hereby declare that the within mentioned property belonging to me and covered under the said Policy was lost,													
damaged or stolen in the circumstances stated above and that in consequence thereof a claim is hereby made													
for	the	sums	severally	state	within;	and	I	further	declared	that	no	other	person
excepthas any interest in the said property.													
Witness my hand this day of													
Witness Signature													

N.B This Statement of claim should be completed and forwarded to the company.

The Participant MUST at once take every practical step that may lead to the recovery of the property. The Police must be advised immediately; and in the event of theft, any suspicious as to the party implicated must also be communicated to the company without delay.

If the loss occurred in a Shop, Hotel, Restaurant, or Public conveyance, or the likes, particulars must be reported to the responsible management as soon as practicable.

INSTRUCTION REGARDING CLAIMS

IF ANY OF THE COVERED PROPERTY, THE SUBJECT OF THIS CLAIM IS RECOVERED EITHER BEFORE OR AFTER INDEMNITY HAS BEEN PROVIDED UNDER WITHIN NAMED POLICY THE COMPANY MUST BE NOTIFIED IMMEDIATELY

Authorized and Regulated by:



Member of:

