

SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: www.salamtakafulinsurance.com

Email: info@salamtakafulinsurance.com



PROFESSIONAL INDEMNITY TAKAFUL CLAIM FORM

Important Notice:

- x Use (✓) where appropriate.
- x Please read this Claim Form fully before answering the questions.
- x The claim form is to be completed and signed by a partner, director or principal of the participant.
- x All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- x If you have any questions in relation to completion of the claim form, please contact the Salam Takaful Insurance Company Limited or your Broker/Agent.
- x Please send the completed claim form, as soon as possible, to the Takaful company.
- x Appointment of legal representatives should not occur without the prior consent of Salam Takaful Insurance Company Limited.

PART A: POLICY DETAILS

POLICY NO:

PART B: PARTICIPANT DETAILS

FULLNAME:

ADDRESS:

CONTACT PERSON:

EMAIL:

TELEPHONE NO:

FAX NO:

PART C: DETAILS OF CLAIMANT

i- Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim against you or the firm/company):

ii- Address of the Claimant:

PART D: DETAILS OF PARTICIPANT' RETAINER/CONTRACT

i- What were you retained/contracted to do?

ii- Was your retainer/contract for services evidenced in writing?

YES

NO

Authorized and Regulated by:



Member of:



(a) If yes, please attach a copy.

(b) If no, please provide appropriate particulars of the date of the retainer/contract and its terms.

Date: ___/___/_____ format dd/mm/yyyy

Terms:

iii-When did you perform the work out of which the claim arises or may arise? ___/___/_____ format dd/mm/yyyy

iv-Who is the person within the firm/company, who actually performed the work or against whom the claim or potential claim is principally directed?

v- What is that person's title, duties and contact details?

Title:

Contact details:

Duties:

PART E: DETAILS OF CLAIM

i-What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?

ii- Have proceedings commenced? YES NO (If yes, please attach a copy of the court documents.)

iii- Date you first become aware of the claim or the fact or circumstance? ___/___/_____ format dd/mm/yyyy

iv- Date the claim or the intimation of a claim first made to you? ___/___/_____ format dd/mm/yyyy

v- Was the first intimation of a claim oral or in writing? ORAL WRITTEN

(a) If Written, please attach a copy.

(b) If oral, please give a "first person" account of the conversation, (i.e. "He said", "I said").

vi- What amount, if any, is claimed?

vii- If known, what does that amount comprise?

PART F: DETAILS OF PARTICIPANT'S RESPONSE

i- What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

ii- What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?

Authorized and Regulated by:



Member of:



PART G: OTHER DETAILS

i- Are there additional details about which you wish to advise, or which may be of interest to Salam Takaful, so that Salam Takaful will have a better understanding of this matter? YES NO

If yes, please provide details along with supporting documentation:

ii- Have you instructed a solicitor or other lawyer to act for you? YES NO

If yes, provide the lawyer's below;

Name:

Firm:

Address:

Charge out rates:

PART E: DECLARATION

I/We (name in full) _____ (position) _____ The Participant/on behalf of the participant declare the above answers to be true and correct AND acknowledge that Salam Takaful may make its decision on indemnity having regard to these answers.

Signature: Date:20.....

Authorized and Regulated by:



Member of:

