

SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

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PUBLIC LIABILITY TAKAFUL CLAIM FORM

Instruction: Use (✓) where appropriate.

NOTE: i- The Issue of the Form does not imply admission of liability.

ii- The Participant is requested to answer all questions fully and return without delay Dashed are insufficient

PART A: POLICY DETAILS

POLICY NO:

PART B: PARTICIPANT DETAILS

FULLNAME:

ADDRESS:

TELEPHONE:

OCCUPATION/
BUSINESS :

SCHEDULE AN INTERVIEW: (provide details of where and when you can be interviewed)

i- LOCATION:

ii- TIME:

__:__ am/pm

format HH:MM

Date: __/__/____

format dd/mm/yyyy

PART C: ACCIDENT DETAILS

i- Date of Accident:

__/__/____

format dd/mm/yyyy

ii- Place of Accident:

iii- Cause of Accident:

iv- Type of Damage or Injury:

Authorized and Regulated by:



Member of:



PART D: OTHER DETAILS

i- Witness(es)

Name	Occupation	Address

ii- Details of Injured Person(s)

Name	Age	Address

iii- Is any of the injured persons in your service?

YES NO

iv- Has any claim (Verbal or in writing) been made against you?

YES NO

If yes, give details and attach such notice with form.

v- Have any steps been taken to compromise or settle the matter in any way?

YES NO

If yes, what and by whom?

vi- Is the accident due to the negligence of Third Party?

YES NO

If yes, provide:

(a) Name:

(b) Address:

FULL DESCRIPTION: Use extra sheet if necessary

PART E: DECLARATION

I/We hereby declare the above particulars are true in every respect.

Claimant's Signature: Date:20.....

Witness: Date:20.....

IT IS NECESSARY FOR YOU TO GIVE A DETAILED DESCRIPTION OF THE ACCIDENT IN THE SPACE PROVIDED OVERLEAF. PLEASE PROVIDE A PHOTOGRAPH OF THE SCENE OF THE ACCIDENT IMMEDIATELY AFTER THE ACCIDENT IF ONE IS AVAILABLE.

Authorized and Regulated by:



Member of:

