



Pak-Qatar General Takaful Limited

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Karachi.

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PERSONAL ACCIDENT CLAIM FORM

Policy No. _____

Claim No. _____

(This form should be completed and returned without delay)

The MEDICAL CERTIFICATE OVERLEAF is to be furnished at the expense of the participant.

1. Name in full Telephone No..... Present Age,years

Residence Height, cms.

Business Address..... Weight, kgs.

Present Business or Occupation)

If more than one, state all).....

2. (a) Date, time and place of accident / Injury / Illness. (b) Give particulars of the cause, and the injuries sustained	
3. Names and addresses of any Witnesses of the accident.	
4. Name and address of the Doctor attending you	
5. State where and when a Medical or other officer of the Company can visit you, if necessary.	
6. (a) State the period during which you have been totally disabled from attending to your business as the sole and direct result of the accident. (b) Are you still totally disabled? If not, from what date were you able to attend to some part of your business?	
7. Have you previously claimed or received compensation under an Accident and/or Sickness Policy? If so, please give particulars.	
8. (a) Are you insured elsewhere? (b) 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 existing knowledge and without undertaking any future 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 disabled until

Signature and)
Qualifications).....
Date.....



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.