

FIRE

This Claim form is issued without prejudice and admission of any liabilities subject to the terms, conditions, and warranties of the Takaful certificate issued to and held by the Insured. Each of these Questions must be answered completely

1. Takaful Details

Name of Insured:

Full address:

Telephone no:

Email:

Policy No:

2. Location Details

Name of the Contact Person:

Email:

Mobile No:

Location :

Address of Contract Site:

3. Loss Details

When did the loss or damage occur? Date:

Time: AM PM

Nature of Loss / Damaged Details of the Property Lost / Damaged

Place & address where the Loss / Damage took place

Where and when was the Damaged / Lost Property last seen?

Date and Time when the Loss / Damage was first discovered? Date:

Time: AM PM

Describe the circumstances of Loss / Damage

Was the Loss / Damage reported to the Police?

Yes No

If Yes, please give details of the Police Station and attach a copy of the Police

Estimated value of the Lost / Damaged Property	AED
Are you the sole owner of the Lost / Damaged Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously sustained a Loss / Damage of similar nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details	
Is there any other Insurance / Takaful covering the same property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details	
Any other information which you may think is important in respect of this Loss / Damage	
5.Participant's Declaration	
<p>I/We confirm that all the above answers are correct and complete in every respect, and I/We have not withheld any information which might influence the decision of Islamic Arab Insurance Co. (SALAMA) in regard to this Claim. If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the Takaful shall become void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims whether at present, in past or in future.</p>	

Signature :

Company Stamp :

Date :

