

Pak-Qatar General Takaful Limited

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For all related queries;

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MOTOR VEHICLE TAKAFUL PROPOSAL FORM (FOR ICAP)

PARTICULARS OF PROPOSER NAME OF OWNER C.N.I.C. NO OF THE USER____ ADDRESS: TEL NO. (OFF/MOB): ______(RES) ______(FAX)_____ BUSINESS OR PROFESSION: REFERENCE THROUGH: SUNDASUMAIR (A0000398, KHI 3) **VEHICLE TYPE:** ☐ PRIVATE CAR ☐ COMPREHENSIVE COVERAGE REQUIRED: **PARTICULARS OF THE VEHICLE** C.C.: _____ REGISTRATION NO: COLOUR: _____ MODEL: CHASSIS NO. ENGINE NO: VALUE TO BE COVERED Rs. MILEAGE: $\ \square$ WITHIN COMPOUND $\ \square$ OPEN SPACE PARKING CONDITIONS: **ACCESSORIES FITTED IN THE VEHICLE** IF OTHER THAN FACTORY FITTED PLEASE TICK () **ACCESSORIES FACTORY** MAKE MODEL VALUE (RS) OTHERS **FITTED** RADIO/CASSETTE PLAYER CD/ DVD PLAYER AIR CONDITIONER C.N.G. KIT ALLOY RIMS ANY OTHER ITEMS

ATTACHED COPIES OF:

- () ICAP Membership Card
- () Registration Book/Transfer Slip
- () C.N.I.C. of the Participant
- () Last Renewal Notice (if entitled to NCD)
- () Tracker Installation Certificate/Invoice (if installed with vehicle)
- () Any Other (Please specify)

PREVIOUS HISTORY OF CLAIMS, IF ANY

Sr. No.	Date of Loss	Company Name	Amount Claimed / Paid
1			
2			
3			
4			
5			

DECLARATION

- 1 I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occuring during the currency of this Policy.
- 2 I/We agree that the statements and declaration contained in this proposal form shall be the basis of my/our beneficiary status in the Takaful Fund and deemed to be incorporated in the Policy.
- 3 I/We hereby undertake to contribute the agreed amount to the Takaful Fund maintained and operated by the company.
- 4 I/We understand that as per the rules of Takaful Fund, by doing so I shall stand entitled to the membership of the Takaful Fund and being one of its beneficiaries subject to the rules and regulations of the Fund.
- 5 As a prospective beneficiary of the Fund, I/We offer my/our property, as specifically described in the attached schedule, for the indemnity cover provided by the Fund to its beneficiaries.
- 6 I/We hereby request to be issued with a confirmation to acknowledge my membership and my consequential rights as a beneficiary of the Fund.

The Liability of the Company does not commence until the Proposal has been accepted and the contribution paid. Only official receipt issued from the

Company on printed form is binding on the Company

Signed at:	Signature of the Participants:
Dated	Name of Signatory:
	(FOR OFFICE USE ONLY) MOTOR VEHICLE INSPECTION REPORT
	WOTOR VEHICLE INSPECTION REPORT
Particulars of the vehicle	declared by proposer are
☐ Correct	☐ If not (Please specify the reason with details)
Condition of the vehicle	at the time of inspection.
Condition of the venicle	at the time of inspection:
Details of existing dama	ges, if any
Condition of colour:	☐ Good ☐ Fair ☐ Faded
Panus/loading positions	(Please attach copy of renewal notice)
bolius/loauliig position:	(Ficase attach copy of reliewal hotice)
Tracker Installed:	\square Yes (attach copy of tracker certificate/invoice) \square No.
	intolled by proposer are
□ Cover	☐ If not (Please specify the reason with details)
Signature () Signature of proposer or on behalf of proposer
Name of Authorised Offi	cer Name of Signatory:
Dated	Dated Dated