



# EAST WEST INSURANCE CO. LTD.

## WINDOW TAKAFUL OPERATIONS (WTO)

**HEAD OFFICE:**

B 401-404, 4th Floor, Lakson Building No. 3, Sarwar Shaheed Road, Karachi.  
Tel: (021) 35630400-10

**PERSONAL ACCIDENT CLAIM FORM  
DEATH/INJURY**

Claim No A. \_\_\_\_\_

PMD No: \_\_\_\_\_

This form is issued with admission of liability, and must be completed and returned within seven days after its receipt. No claim can be admitted unless a medical certificate overleaf is furnished at the expense of the Claimant.

<p>1. Name in full _____ Residence _____ Business Address _____  Present Business or occupation ) if more than one state all ) _____</p>	<p>Present Age: Years _____ Height  _____ ft. _____ in. _____ st. _____ lbs.</p>
<p>2. (a) When did accident occur? State day, date, and hour _____ (b) Where did it occur? _____ (c) Give full particulars of the cause, and the injuries sustained. _____</p>	
<p>3. Give names and address of any witnesses of the accident _____</p>	
<p>4. (a) Give name and address of the Doctor who attended you _____  (b) Name and address of your Ordinary Medical Attendant _____</p>	
<p>5. State where and when a Medical or Other officer of the Company can visit you, if necessary _____</p>	
<p>6. (a) State the number of days you been necessary and entirely confined to Bed, Room or House, as the Sole and direct result of the injuries sustained _____</p> <p>(b) If still confirmed to any, state which _____</p> <p>(c) Have you in any way attended to business or work during the above period _____</p>	<p>To Bed. To Room To House For ___ days for ___ days for ___ days From ___ from ___ From ___ to ___ to ___ to ___ (Both inclusive) (both inclusive) (both inclusive)</p>
<p>7. Have you previously claimed or received compensation under an accident and/or sickness Policy? If so, please give particulars. _____</p>	
<p>8. (a) Are you insured elsewhere? (b) If so, give the name of such Company or Insurer, and amount you are entitled to claim _____</p>	

I HEREBY DECLARE that I have received the injuries above described, and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if I shall make, any false or untrue statement, suppression or concealment, my right to compensation or concealment, my right to compensation shall be absolutely forfeited.

I claim to be paid the sum of \_\_\_\_\_ per week, or the total sum \_\_\_\_\_ which I agree to accdpt in full settlement of my claim on the Company.

PLACE \_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CLAIMANT.