## ENGINEERING CLAIM SETTLEMENT FORM

| Participant:                         |                      |                | Claim I              | No                       |           |                     |                     |
|--------------------------------------|----------------------|----------------|----------------------|--------------------------|-----------|---------------------|---------------------|
|                                      |                      |                |                      |                          |           |                     |                     |
| Policy No :                          |                      |                | Policy S             | Sum Covered :            |           |                     |                     |
|                                      |                      |                | Branch               | Sum Covered:             |           |                     |                     |
| A CC . 1 To                          |                      |                | ,                    | Covered of the affected  |           |                     |                     |
| Affected Item:                       |                      |                | <b>b</b> ) Purc      | hase / Invoice           |           |                     |                     |
|                                      |                      |                | value o              | f the affected :         |           |                     |                     |
|                                      |                      |                | Deduct               | ible:                    |           |                     |                     |
| Cause of Loss:                       |                      |                | Period:              | From:                    |           | To:                 |                     |
|                                      |                      |                | Estimat              | ted Loss :               | Ε         | Dated:              |                     |
| Date of Loss:                        |                      |                | D                    | ed Salvage<br>ry Rs.     |           |                     |                     |
| Loss Report on :                     |                      |                | 1 <sup>st</sup> Revi | sion                     | Ε         | Dated:              |                     |
| Surveyor Name :                      |                      |                | 2 <sup>nd</sup> Rev  | ision                    | Dated:    |                     |                     |
| FAC Re Takaful:                      |                      |                | Passed               | To R/T on                |           |                     |                     |
| Claim Calculation  a) Replacement Co |                      |                | Den @                | % Rs                     | I         | Rs.                 |                     |
| <b>b</b> ) Repair Cost               |                      |                |                      |                          |           |                     |                     |
|                                      |                      |                |                      |                          | I         | Rs                  |                     |
|                                      |                      |                |                      | Total Amount             | I         | Rs                  |                     |
| Deductible (if any)                  |                      |                |                      |                          | I         | Rs                  |                     |
| Net Payable (Ru                      | upees                |                |                      |                          |           | Rs                  |                     |
| Survey Fee                           | Do                   |                | () Toy @ 89          | % Rs                     | ī         | O a                 |                     |
| Survey Fee                           | KS                   |                | (-) Tax (w o         | 70 KS                    | _ '       | Rs                  |                     |
|                                      | Requesting Officer   | r              |                      | App                      | roved By  |                     |                     |
|                                      |                      |                |                      |                          |           |                     |                     |
|                                      |                      | _              |                      |                          |           |                     |                     |
| To Accounts Dept                     | : Please issue Cheq  | ue / Credit No | tes as shown below   | v and release upon submi | ission of | locuments a         | as shown against    |
| the payment reques                   | t.                   |                |                      |                          |           |                     |                     |
|                                      |                      |                |                      |                          |           |                     |                     |
| Date                                 | Cheque / Cr.<br>Note | Amount         | Being                | Issue in Favour of       |           | se upon<br>ssion of | Signature /<br>Date |
|                                      |                      |                |                      |                          |           | •••••               |                     |
|                                      |                      |                |                      |                          |           | •••••               |                     |

## Check List (Engg)

| <b>Documents / Information</b>                        | Yes |
|---|-----|
| Photo Copy of Takaful Policy                          |     |
| Participant Intimation Letter                         |     |
| Copy of FIR   |     |
| Fire Brigade Report (If any)                          |     |
| Repair / Replacement of Damage goods Estimate / Bills |     |
| Acceptance Letter                                     |     |
| Claim Bill  |     |
| Survey Report / Survey Fee Bill                       |     |
| Claim Form  |     |
| Photographs   |     |

| Prepared By: | Date: |  |
|--------------|-------|--|
|--------------|-------|--|