



**CLAIM FORM
PUBLIC LIABILITY INSURANCE**

| | | | |
|-----|--|---|--|
| 1) | Name and Address of the Contributor | : | |
| 2) | Occupation of the Contributor | : | |
| 3) | Policy Number | : | |
| 4) | Date and time of Loss | : | |
| 5) | Address of the premises where damage occurred | : | |
| 6) | Occupation of the premises at the time of loss | : | |
| 7) | Cause of damage | : | |
| 8) | Does the property on which the claim is made belongs to you? | : | |
| 9) | Name and address of the owner of the property | : | |
| 10) | Whether bodily injury or property damage to third parties? Please provide details | : | |
| 11) | Estimated amount of loss | : | |
| | Bodily Injury | : | |
| | Property Damage | : | |

I/We hereby declare that the above information given is full and true to the best of my knowledge and belief.

Date :

Signature of the Contributor

**In case of any requirements or clarification, kindly contact our FGA Department
Tel: 2477200 Ext. 189-190-191-192, Administration Department Fax: 2477100 ,
Technical Departments Fax: 2476174 , E-mail Address: info@aintakaful.com**