



# DISABILITY CLAIM FORM - GROUP LIFE & INDIVIDUAL LIFE

CLAIM FORM :  GROUP LIFE  INDIVIDUAL LIFE

### Form Completion Instruction :

- 1) This form may be completed by those having a claim for disability benefits as a person nominated by the Policy Holder, Guardian, Assignee, Trustee or a successor
- 2) Please fill the form with single pen without omissions / deletions
- 3) Please complete the form with legible handwriting, incomplete form may cause delay in processing of disability claim benefits

CHECKLIST OF DOCUMENTS REQUIRED (Any other requirement(s) may be requested on claim where deem necessary):

- |                                   |                          |  |                          |
|-----------------------------------|--------------------------|--|--------------------------|
| 1. Treatment Records (Original)   | <input type="checkbox"/> | 4. Copy of Passport (If Living Abroad) | <input type="checkbox"/> |
| 2. Hospital Discharge Certificate | <input type="checkbox"/> | 5. Attendance Record                   | <input type="checkbox"/> |
| 3. Copy of CNIC - Claimant        | <input type="checkbox"/> | 6. Salary Record - Last Drawn          | <input type="checkbox"/> |

\*In order to validate the claim, TPL Life Insurance Limited reserve the right to ask for further requirements, if deemed necessary.

## CLAIM FORM A: INFORMATION ABOUT CLAIMANT / Policy holder

(To be completed by the claimant)

Name of Company / Claimant: \_\_\_\_\_

CNIC: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Gender: \_\_\_\_\_ Contact No.: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Claiming as:  Self  Nominee  Beneficiary  Guardian

### EVENT DETAILS

Type of Disability:  Natural  Accidental Place of Event, if Accidental: \_\_\_\_\_

Accidental / Illness Details: \_\_\_\_\_

Date of occurrence of disability / illness: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_

Date of Joining Usual Work: \_\_\_\_\_ Nature of Work: \_\_\_\_\_

Have any life coverage with some other insurance company? (If Yes, provide detail)

Sr. No.	Name of Company	Policy No.	Issuance Date	Address and Contact No.
1				
2				
3				

Provide following details while consultation with any physician details of present illness and disability:

Sr. No.	Name of Hospital / Doctor	Complaint About	Treatment Duration	Contact No.	Breif Description about Present Condition
1					
2					

**DECLARATION :** I/We, as a claimant, hereby declare that the information provided in the form are true and complete to the best of my/our knowledge, belief, and record. I also hereby authorize TPL Life Insurance Limited in order to seek information from any doctor, hospital, laboratory, any other organization or person that has any record information or acknowledge of health/treatment and from any other Insurance / Takaful company to which a proposal has any time been made, and the giving of such information.

\_\_\_\_\_  
 Claimant Signature  
 (For Group Life, need duly stamped)

\_\_\_\_\_  
 Date of Statement

## CLAIM FORM B: PHYSICIAN STATEMENT

(To be completed by the Attending Physician)

### CLAIMANTS INFORMATION:

Claimant Name: \_\_\_\_\_  
CNIC#: \_\_\_\_\_ Contact No. : \_\_\_\_\_  
Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Occupation: \_\_\_\_\_

### EVENT INFORMATION

#### Events Dates:

Date of Event (Injury / Illness) : \_\_\_\_\_ Claimant first visit for present illness /injury : \_\_\_\_\_  
Date on which claimant was unable to work: \_\_\_\_\_  
Date on which claimant will be fit to perform office work: \_\_\_\_\_ Claimant last visit for present illness /injury : \_\_\_\_\_

Briefly describe the state of health of claimant since his/her first visit: \_\_\_\_\_

Give Symptoms, Diagnosis and Prognosis of Disability: \_\_\_\_\_

BMI: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Other Laboratory Findings (X-ray, ECG etc): \_\_\_\_\_

Please provide detail if any other physician attended claimant for any injury / illness:

Sr. No.	Name of Hospital / Doctor	Treatment Duration	Contact No. & Address	Cause
1				
2				

### DECLARATION:

I \_\_\_\_\_ medical attendant of the life insured \_\_\_\_\_ do hereby declare that to the best of my knowledge and belief the information given herein are true and complete.

Signature & Duly Stamp with date:

**TPL Life Insurance Limited**

**Window Takaful Operations**

19-B, Lane 3, SMCHS, in the lane of Roomi Masjid,  
Shahrah-e-Faisal, Karachi, Pakistan.

Email: [claims@tpllife.com](mailto:claims@tpllife.com)

## **Complaints in respect of insurance policy**

“If you have any complaint or grievance against the insurance company, broker, agent, surveyor or bank representative in respect of your insurance policy, you may file your complaint with the following offices:

(1) **FEDERAL INSURANCE OMBUDSMAN**

2<sup>nd</sup> Floor, Pakistan Red Crescent Society  
Annexe Building, Plot # 197/5  
Dr. Doud Pota Road  
Karachi.  
Phone: 021-99207761-62  
Website: [www.fio.gov.pk/](http://www.fio.gov.pk/)

(2) **Official Coordinator, Small Disputes Resolution Committee(Islamabad)**

The Management Executive, Insurance Division, 3<sup>rd</sup> Floor, NIC Building, 63-Jinnah Avenue, Blue Area, Islamabad.  
Phone: 051-9207091-4 ext. 439  
Email: [complaints@secp.gov.pk](mailto:complaints@secp.gov.pk)

(3) **Official Coordinator, Small Disputes Resolution Committee (Karachi)**

The Deputy Director, Specialized Companies Division, 5<sup>th</sup> Floor, State Life Building No.2, Wallace Road Off. I.I. Chundrigar Road, Karachi.  
Phone: 021-32414204  
Email: [complaints@secp.gov.pk](mailto:complaints@secp.gov.pk)

(4) **Official Coordinator, Small Disputes Resolution Committee(Lahore)**

The Deputy Registrar of Companies, Company Registration Office-Lahore, Associate House, 3<sup>rd</sup> & 4<sup>th</sup> Floor, 7-Egerton Road, Lahore.  
Phone: 042-99204962-66 ext. 28  
Email: [complaints@secp.gov.pk](mailto:complaints@secp.gov.pk)

## بیمہ پالیسی کے متعلق شکایات

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر، ایجنٹ، سرویئر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفاتر میں رابطہ کر سکتے ہیں:-

وفاقی انشورنس محاسب۔

سیکنڈ فلور، پاکستان ریڈ کریمنٹ سوسائٹی، انیکسی بلڈنگ،  
پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتاروڈ، کراچی

فون: 021-99207761-62  
www.flo.gov.pk

دفتری رابطہ کار (لاہور)

اسمال ڈسپوٹس ریزولوشن کمپنی  
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان  
ایسوسی ایٹ ہاؤس، 3rd فلور، 07- ایجنٹ روڈ، لاہور۔

فون نمبر: 042-99204962-66 (Ext 28)  
ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (اسلام آباد)

اسمال ڈسپوٹس ریزولوشن کمپنی  
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان  
تھرڈ فلور، این آئی سی ایل بلڈنگ، اسلام آباد

فون: 439-1051-9207091-4  
ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (کراچی)

اسمال ڈسپوٹس ریزولوشن کمپنی  
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان  
5th فلور، اسٹیٹ لائف بلڈنگ 02، ولاس روڈ،  
آف آئی آئی چندریگرہ، کراچی۔

فون: 021-32414204