

Registered Office:

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Fax: (+92-21) 35301706

Email: contact.generaltakaful@igi.com.pk

Signature of Repairer

Branches: Karachi Lahore Islamabad Fais	alabad Multan S	ialkot Gujranwala	Peshawar
IGI Insurance Limited – Window Takaful Operations			
SATISFACTION NOTE			
Claim Benefit No			
TO BE COMPLETED BY OWNER OF THE VEHICLE			
This is to certify that my I our		Registration No.	
recently damaged by accident on the			and
covered with this Operator under PMI	O No		has been
reconditioned to my/our entire satisfaction by Messrs			
AND I/WE AUTHORISE you to pay the cost of this work on my/our behalf in full and final			
settlement of this Claim.			
Date:		Signature	of Owner
	(In case of Corpora	te Claimant add com	ipany stamp)
TO BE COMPLETED BY REPAIRER			
We certify that this account is for the cost of repairs due exclusively to the accident which occurred to Motor Vehicle Registration No			
and does not include any other repairs or improvements not attributable thereto.			

Date: _____