



STATE LIFE

INSURANCE CORPORATION OF PAKISTAN
Registered & Supervised by the Securities
& Exchange Commission of Pakistan
KARACHI SOUTHERN ZONE

TELEPHONES : 99217022

: 99217039

FAX NO

: 99217025

STATE LIFE BUILDING NO. 2, P.O. BOX 4599. WALLACE ROAD, KARACHI.

Ref. Claims/AIB/

/200

Dated _____

Dear Sir/Madam,

RE: POLICY NO: _____ ON THE LIFE OF _____

We regret to learn from the letter dt, _____ about your accident on _____
We hope and pray for your early recovery and wish to see you soon in your normal state of health.

However, in order to proceed further in the matter we shall required the following.

1. Enclosed claim form 'A' duly completed in all respect and signed by you.
2. Enclosed claim form 'B' duly completed by the Doctor who attended for the injuries caused by the accident.
- 3) X-Ray films with reports.
- 4) Certificate issued by your Employer giving particulars of leave granted to you for accidental injuries.
- 5) If the accident resulted in a Police case then an attested copy of the First Information Report and Police Investigation report are required
- 6) Attested copy of your computerised National Identify Card.
- 7) First Casualty Slip
- 8) Discharge Card of Hospital in case of admission In this connection please note the following points regarding settlement of the claim:-
 - 1) The proof of loss/accidental injuries as stated above alongwith the claim forms must be furnished to the State Life Within 90 days of the date of accident.
 - 2) State Life shall have the right and opportunity to examine the person of life insured at any time, place or so often as it may required-during the pendency of any claim.
 - 3) If your claim is for weekly Idemnity (for Total and Continuous Disability preventing you for performing any and every duty pertaining to your occupation), the claim forms must be furnished within 90 days as Weekly Indemnity due is payable at expiration of each four weeks period during the continuance of disability. If the disability continues, further payments will be paid at monthly intervals or at earlier termination of the period of disability upon receipt of due proof on prescribed form which will be sent to you in due course.

For further details please also refer AIB Supplementary contract attached with the policy document.

Thanking you,

Your's faithfully.

CLAIM-67
10P/01-2012

Manager (Claims)