

ACCIDENT DEPARTMENT

Claim No. _____

PREMIER INSURANCE LIMITED
“WINDOW TAKAFUL OPERATIONS”

5th Floor, State Life Building No. 2A, Wallace Road, P.O. Box No. 4140, Karachi-74000, Pakistan.
Phone: (92-21) 3241 6331-4 Fax: (92-21) 3241 6572 Email: info@pil.coin.pk Web: www.pil.com.pk

SATISFACTION NOTE

This is to certify that the repairs authorized to my / our vehicle No. _____ have been carried out to my / our satisfaction and the repairer's account, therefore, may be settled.

NOTE: Settlement of repairers bill is subject to submission of copy of Registration book, valid driving license, filled and signed Claim Form. Workshop to ensure this prior to repairs.

Participant's Signature : _____

Dated: _____

Address: _____