



# Claim Form

## Smart Assure Insurance

1. Cardholder Details																					
A. Name	First Name:																				
	Last Name:													Ms.		<input type="checkbox"/>	Mrs.		<input type="checkbox"/>	Mr.	
B. Nationality											Date of Birth:		d	d	m	m	y	y	y	y	
C. Passport no.											Expiry Details:										
D. Address	Building:																				
	Street:																				
	PO Box:					City:					Emirates:										
E. Contact Details	Mobile:					Tel:					Fax:										
F. Email																					
G. Credit Card Details	Card no. :																				
	<input type="checkbox"/> Visa/Master		<input type="checkbox"/> Classic/Gold		Valid Till		d	d	m	m	y	y	y	y							

2. Claim Details

A. Type of Claim

☐ Death
☐ Terminal Illness
☐ Hospital Cash
☐ Involuntary Loss of Employment
☐ Permanent Total Disablement

B. Date of Event

d

d

m

m

y

y

y

y

Please refer to the required list of documents to support your claim listed herewith

[illegible]

#### 4. Death Claims

Date when the cardholder was first examined by a doctor for the condition that caused death:

Cause of Death

☐

Illness

☐

Accident

Name and address of family doctor:

Authorization: I hereby authorize any physician, hospital, insurer, medical information bureau or any other organisation or person having any records, to provide data or information as may be requested by Oman Insurance Company or their duly authorised representative. I understand that in executing this authorisation, I waive the right for such information to be privileged. A photocopy of this authorisation shall be considered as effective and valid as the original.

Date

Proposer's Signature

#### 5. Involuntary Loss of Employment

Name of Company

Address

Building:

Street:

PO Box:

City:

Emirates:

Contact Details

Mobile:

Tel:

Fax:

Email

Employee Details

Employee ID:

Designation:

Department:

Branch:

Date of notice of unemployment

d

d

m

m

y

y

y

y

Date of your actual unemployment

d

d

m

m

y

y

y

y

Details of Notice Pay received

Amount:

Period:

Reason for Termination:

Tel:

Fax:

Email

#### 6. Declaration

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

Date

Proposer's Signature

## Documents Required Smart Assure Insurance

### 1. Documents required for Death claims

1. Death Certificate issued by a competent authority
2. Post Mortem Report (wherever legally required)
3. Police Report (if death was due to an accident)
4. Medical Report from a licenced and registered medical officer with Detailed Diagnosis and Cause of Death if required by the Company when the actual cause of death is not clearly mentioned in the Death Certificate.
5. Copy of passport with visa page (where applicable / National ID card for Nationals)
6. Any other documents as may be required

### 2. Documents required for Permanent Total Disability

1. Disability Certificate from an authorised medical practitioner to assess disability
2. Police Report (if disability is due to an accident)
3. Medical Report\* from a licenced and registered medical officer with Detailed Diagnosis, Cause of Disability and Details of Treatment given (if any)
4. Copy of passport with visa page (where applicable / National ID card for Nationals)
5. Any other documents as may be required

### 3. Documents required for Involuntary Loss of Employment

1. Notice of Termination from the Employer
2. Copy of Passport with Visa Page (where applicable / National ID card for Nationals)
3. The Company may also request for a copy of the Labour Contract from the Employer if it is required to verify the period of employment contract.
4. Any other documents as may be required

### 4. Documents required for Terminal Illness

1. Medical report\* diagnosing Terminal Illness
2. Police report (if Terminal Illness is due to an Accident)
3. Copy of passport with valid visa page at the time of date of event (where applicable / National ID card for Nationals)
4. The insured must at his own expense provide such clinical, histological, radiological and laboratory evidence as the Company may require
5. Any other documents as may be required to establish diagnosis of covered critical illness.

### 4. Documents required for Hospital Cash Benefit

1. Police Report
2. Medical Report\* from a licenced and registered medical officer
3. Discharge Summary.
4. Any other documents as may be required

### 5. Important Notice

Please submit the completed Claim Form along with the required documents to any of the Mashreqbank branches or mail to:

**Mashreqbank**  
Cardmember Services  
P.O. Box 1250, Dubai, United Arab Emirates  
Tel: 04 4244444  
Fax: 04-2722793

\* from an Authorised Medical Practitioner.