

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
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Date of your actual unemployment

d	d	m	m	y	y	y	y
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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 Pay Protect Insurance

1. Documents required for Death claims

- Death certificate issued by a competent authority in the relevant jurisdiction
- Post mortem report (wherever legally required)
- Police report (if Death was due to an Accident)
- Medical report* 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.
- Copy of passport with valid visa page at the time of date of event (where applicable / National ID card for Nationals)
- Any other documents as may be required as per then prevailing Company policies.

2. Documents required for Critical Illness

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

3. Documents required for Involuntary Loss of Employment

- Notice of termination from the Cardholder's employer (the "Employer")
- Copy of passport with valid visa page at the time of date of event (where applicable / National ID card for Nationals)
- Copy of UAE labour contract from the Employer issued by the concerned Authority.
- Copy of Labour Card
- Any other documents as may be required as per then prevailing Company policies.

4. Documents required for Terminal Illness

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

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



شركة عمان للتأمين
Oman Insurance Company

** from an Authorised Medical Practitioner.*