

Credit Shield - Claim Form

Employee/Member Details:

Name:..... Date of Birth:.....

Address: Gender: :Male/Female

Email: Tel:..... Fax:.....

Credit Card No:

Visa/Master: Classic/Gold:..... Date of Issue: Valid Through:

Outstanding amount:

Claim Details:

Type of Claim:

Type of Claim : Death (Accidental / Natural /others) Permanent Total Disablement

Involuntary Loss of Employment

Date of Event:

Description of the Event:

Death/Disablement Claims *(to be completed by the Borrower/Borrowers' authorised representative)*

1. Date when the Member was first examined by a doctor for the condition that caused death/disablement:.....

2. Was death/disablement due to illness? Accident?

3. Name and Address of the Family Doctor (if you have one):

.....

Contd...2

Credit Shield - Claim Form



Involuntary Loss of Employment (to be completed by the Card member)

1. Name and Address of the Company where the you were an employee: Tel:.....
Fax:..... Email:.....
2. Employee ID Designation Department
Location/Branch.....
3. Date when you were given notice of Unemployment:
4. Date of actual Unemployment:
5. Details of any Notice Pay received: Amount Period from to
Reason for Termination:
6. If you are re-employed, please give a) Date of re-employment:

Name and address:

Tel: Fax: Email:

Authorisation:

I hereby authorise any physician, hospital, insurer, Medical Information Bureau or other Organisation or person having any records, to provide data or information as may be requested by Beema – Daman Islamic 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:..... Signed:

Address:

Please attach the following documents original may be required for verification, the Company may ask for additional documents if required)

Contd...3

Damaan Islamic Insurance Company – Beema (Q.P.S.C)

CR: 43652 Tel (+974) 44050555 Fax: (+974) 44050505

P.O. Box 11068 Lusail – Qatar, Paid up Capital QR 200,000,000

1. for Death Claims

- a. Copy of Death Certificate
- b. Copy of Post Mortem Report (wherever legally required)
- c. Copy of Police Report (if death was due to an accident)
- d. Copy of Medical Report from a licensed 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.
- e. Copy of Passport with valid Visa page (expatriates) or National identity card (Qatar nationals)
- f. Copy of the Card outstanding statement

2. for Permanent Total Disablement Claims

- a. Disability Certificate from an authorised medical practitioner to assess disability
- b. Police Report (if disability is due to an accident)
- c. Medical Report from a licensed and registered medical officer with Detailed Diagnosis, Cause of Disability and Details of Treatment given (if any)
- d. Copy of Passport with valid Visa page (expatriates) or National identity card (Qatar nationals)
- e. Copy of the Card outstanding statement

3. for Involuntary Loss of Employment

- a. Certificate of Insurance
- b. Labour contract (similar proof for Qatar nationals)
- c. Notice of Termination letter from Employer
- d. Copy of passport with valid visa page / National ID Card
- e. Copy of the Card outstanding statement

** from an Authorised Medical Practitioner.*