

Family Shield Takaful - Claim Form

Employee/Member Details:

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

Address: Gender: :Male/Female

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

Policy No.: Inception date:.....

Claim Details:

Type of Claim:

Death (Accidental / Natural /others)

Permanent Total Disablement

Critical Illness

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

Family Shield Takaful - Claim Form

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:

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

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)

2. for Permanent Total Disablement/ Permanent Partial Disablement Claims

- a. Disability Certificate from the Medical Board/Medical Commission 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)

Contd...3

Family Shield Takaful - Claim Form



3. for Critical Illness Claims

- a. Medical Report from a licensed and registered medical officer with Detailed Diagnosis, Cause of Critical Illness and Details of Treatment given (if any)
- b. Copy of Passport with valid Visa page (expatriates) or National identity card (Qatar nationals)

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