

PERSONAL ACCIDENT CLAIM FORM



THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER.

Policy No.

Claim No.:

THE INSURED:		
THE INJURED		
1.Name:		2.Occupation
3.Nationality:	4. Age:	5.Male/Female:
6.No.of working days per week:	7.Monthly Salary/Daily Wages:	

THE ACCIDENT

8. Place:	9.Date:	10. Time:	a.m./p.m.
11. Circumstances and description of the accident:			
12. Nature and extent of injury:			
13. Whether the Police were informed of the accident : (If so, please enclose Police Report)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Contd...2

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

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14. Name(s) and address(es) of other person(s), if any, involved in the accident:	
15. Name(s) and address(es) of witness(es):	
MEDICAL TREATMENT	(Please enclose original medical certificate(s) stating details of the injuries, treatment and duration of sick leave, if any, recommended).
16. Name and address of the doctor by whom treatment was given:	
17. Has the injured employee resumed his duty?	18. When?
19. Following documents are attached hereto:- (Please tick (☐) the appropriate box.)	

<input type="checkbox"/>	Medical Certificate (s)
<input type="checkbox"/>	Police Report
<input type="checkbox"/>	Medical Board's Report on Permanent Disability
<input type="checkbox"/>	Directive from the Sharia Court
<input type="checkbox"/>	Directive from the Department of Labour
<input type="checkbox"/>	Death Certificate

Date:	Signature of the Insured:
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FOR OFFICE USE ONLY

Computation of compensation payable.:

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