

Oman Insurance Company

P.O. Box 5209, Dubai, U.A.E.

Credit Shield - Claim Form

<u>Cardmember Details:</u>	
Name :	_____ Date of Birth: _____
Address :	_____ Sex : <i>Male/Female</i>
Email: _____	Tel: _____ Fax: _____
Credit Card No. ____ _ -- ____ _ -- ____ _ -- ____ _	
<i>Visa/Master</i>	<i>Silver/Gold/Titanium/Platinum</i>
Date of Issue: _____	Valid Through: _____
<u>Claim Details:</u>	
Type of Claim :	<i>Death</i> <input type="checkbox"/> (Accidental / Natural /others) <i>Permanent Total Disablement</i> <input type="checkbox"/> <i>Terminal Illness</i> <input type="checkbox"/> <i>Temporary Total Disablement</i> <input type="checkbox"/>
Date of Event :	_____ Description of the Event: _____ _____ _____
<u>Death/Disablement/Terminal Illness Claims (to be completed by the Cardmember/Cardmember's authorised representative)</u>	
1. Date when the Cardmember was first examined by a doctor for the condition that caused death/disablement: _____	
2. Was death/disablement due to illness? <input type="checkbox"/> Accident? <input type="checkbox"/>	
3. Name and Address of the Family Doctor (if you have one): _____ _____	
<u>Authorisation:</u> 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 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 _____	Signed _____
Address _____	

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 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.
- e. Copy of Passport with valid Visa page (expatriates) or National identity card (UAE nationals)
- f. Copy of the Card 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 licenced and registered medical officer with Detailed Diagnosis, Cause of Disability and Details of Treatment given (if any)
- g. Copy of Passport with valid Visa page (expatriates) or National identity card (UAE nationals)
- h. Copy of the Card Card outstanding statement

3. for Terminal Illness Claims

- a. medical report* diagnosing illness
- b. police report (if illness is due to an accident)
- c. copy of passport with visa page
- d. Attending physician's certificate
- e. Credit Card Outstanding Statement

4. for Temporary 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* with Detailed Diagnosis, Cause of Disability and Details of Treatment given (if any), Period of Temporary Total Disablement
- d. Copy of passport with visa page
- e. Credit Card Statement

** from an Authorised Medical Practitioner.*