# Claim Form
## Samba Credit Card Insurance

All fields are mandatory. Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If the form is incomplete it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed annexes, if applicable. Please retain a copy of this claim form and other correspondences with us for your future reference

| 1. | Details of Policyholder | | | |
|---|---|---|---|---|
| A. | Name First Name: | | ☐ Ms. ☐ Mrs. ☐ Mr. | |
| | Family Name: | | ☐ Male ☐ Female | |
| B. | Date of Birth | | | |
| | **Address** | | | |
| C. | Residential | Building: | | |
| | | Street: | | |
| | | PO Box: | City: | Country: |
| D. | Mobile | | Telephone | |

| 2. | Claim Details | | | |
|---|---|---|---|---|
| A. | Claim Type | ☐ Death | ☐ Permanent Total Disability | ☐ Temporary Total Disability |
| | | ☐ Terminal Illness | ☐ Involuntary loss of employment | |
| B. | Event Date | | | |
| C. | Event Details | | | |

| 3. | To be filled for Death, Disablement by the policyholder or policyholder's bank representative | | |
|---|---|---|---|
| A. | Cause of Event | ☐ Illness | ☐ Accident |
| B. | Treating Doctor Name and Location | | |

Forward together

شركة عمان للتأمين
Oman Insurance Company

## 4. To be filled for Involuntary Loss of Employment by the Policyholder

**Details of last Employer**

| | | | | |
|---|---|---|---|---|
| A. | Company Name | | | |
| B. | Address | Building: | | |
| | | Street: | | |
| | | PO Box: | City: | Country: |
| C. | Telephone | | | |
| D. | Email ID | | | |

**Employment Details**

| | | | | |
|---|---|---|---|---|
| D. | Designation | | Department | |
| E. | Date of termination notice | | Last date of employment | |
| F. | Reason for termination | | | |

**Current Employment Details**
**Please fill the below section if you joined another organization post your termination**

| | | | | |
|---|---|---|---|---|
| G. | Company Name | | | |
| H. | Date of Joining | | | |
| I. | Address | Building: | | |
| | | Street: | | |
| | | PO Box: | City: | Country: |
| J. | Telephone | | | |

**Declaration**

I hereby declare and agree that the information provided above are true and undertake to inform bank/insurance company immediately upon taking an employment either temporary or permanent. I understand that failure to notify the bank/insurance company of taking an employment within 30 days of employment shall render my benefits/claims paid/payable void and recoverable for me to including the benefits/claims paid for the actual period of unemployment.

| Name | | Signature | | Date | |
|---|---|---|---|---|---|

## 5. Authorization

I hereby authorize Oman Insurance Company to wire transfer claim payouts (if any) related to this claim form to the above bank details as filled in by me. I understand that Oman Insurance Company reserves its right to use any alternate payout option if required. If ever Oman Insurance Company credits more amount than the correct benefit amount due to duplicate or erroneous funds transfer, I authorize Oman Insurance Company to revise the transaction and withdraw the overpayment. I will not hold Oman Insurance Company responsible in any case of non-credit to the above bank account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect details filed in by me.

I by signing this form hereby confirm that I am duly legally authorized to fill and claim the policy benefit under the above-mentioned policy. I hereby declare that above statements are true in each and every respect. I hereby authorize and provide my unconditional consent to any physician, hospital, insurer, medical information bureau or other organization or person having any records, data or information concerning health history of the deceased life insured to furnish such records, data or information as may be requested by Oman Insurance Company or their duly authorized representative to be provided to Oman Insurance Company and for Oman Insurance Company to further release such received and/or policy and claim related information to any other entity as may be required or requested. I understand that in executing this authorization, I waive the right for such information to be privileged or confidential. I hereby also agree to indemnify and hold harmless Oman Insurance Company against all costs, expenses and liabilities which may arise as a result of this claim/claim form including any of the details filled in by me in this claim form. A photocopy of this authorization shall be considered as effective and valid as the original.

| Name | | Signature | | Date | |
|---|---|---|---|---|---|

# Document Checklist

Please submit the claim form with the below documents to the bank's collection department on **uaecollections@samba.com**. In case we need any additional documents, we will get in touch with you. You can expect to receive the applicable claim settlement within 14 days of submitting the complete set of documents. For any queries or follow up on your settlement, please get in touch with your bank relationship manager.

1. **Death Claims**
   a. Death certificate
   b. Postmortem report (wherever legally required)
   c. Police report (if death was due to an accident)
   d. 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
   e. Copy of passport with visa page (where applicable / National ID card for Nationals)
   f. Any other documents as may be required as per then prevailing Oman Insurance policies

2. **Permanent Total Disablement Claims**
   a. Disability certificate from Govt Medical Board 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)
   d. Copy of passport with visa page (where applicable / National ID for Nationals)
   e. Any other documents as may be required as per then prevailing Oman Insurance policies

3. **Terminal Illness Claims**
   a. Medical report diagnosing illness with life expectancy certification
   b. Copy of passport with visa page
   c. Attending physician's certificate
   d. Any other documents as may be required

4. **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. Any other documents as may be required

5. **Involuntary Loss of Employment Claims**
   a. Notice of termination from the Credit Cardholders' employer (the "Employer")
   b. Give immediate written notice to the Company but not later than 15 days from the Date of Event
   c. Copy of passport with visa page (where applicable / National ID card for Nationals)
   d. Emirates ID
   e. Salary slips or Proof of salary credit for the 3 months preceding date of notice of termination
   f. The Company may also request for a copy of the labor contract from the Employer if it is required to verify the period of employment contract. Proof of fulltime employment on the employer's letterhead paper, including copy of the employment agreement between employer and employee, clearly stating that the employee was employed on a fulltime basis
   g. All papers as indicated above may be required to be produced in original (other than those surrendered to the authorities or Employer) for verification before the final settlement of claim
   h. If any claim under this Policy is in any way fraudulent or unfounded, the Benefit under this Policy shall be forfeited in respect of the particular cardholder
   i. At all times, company reserve the right to request or verify any other documents as may be required as per then prevailing Company policies

* Medical report should be obtained from the chief medical officer or any other registered medical practitioner recognized by the local authorities.