HEALTHCARE INSURANCE

REIMBURSEMENT CLAIM FORM

Receive your claim payment faster by updating your bank details on the mySukoon app or on https://medical.sukoon.com/

1. Claimant Details

1. Claimant Name	
2. Card Number	
3. Mobile Number	0 5
4. Email Address	

* Use EFT for faster, safer, and convenient reimbursement.
Principal Member can update IBAN by visiting mySukoon portal on mySukoon app.
For policies where payment is set to 'group', the IBAN must be provided by your company on the company's letterhead along with the HR/Accounts' email ID.

2. Claim Details

1. Is the claim in UAE? Yes ☐ No ☐
If no, Precise Country

2. Name of Hospital/Dr.	
3. Date of Treatment	/ / 2
4. Number of Invoices	
5. Total Amount Claimed	
6. Currency	

For breakdown of Total Amount Claimed, use attached summary table cover sheet to tabulate entries in chronological order.

3. Medical Details – To be Completed by the Treating Doctor

1. Is it work related? Yes ☐ No ☐
   If Yes, please Specify

2. Treatment Type In-Patient ☐ Out-Patient ☐ Day Care ☐

3. Chief Complaint

4. Diagnosis

5. Treatment Details

I, the undersigned treating doctor, hereby declare I have attended to this patient and the particulars provided are correct and accurate to the best of my knowledge.

Doctor's Name	Date (mm/dd/yyyy)
Doctor's Stamp	**Signature**

4. Sukoon's Data Privacy Notice

Sukoon Insurance PJSC (hereinafter referred to as "Sukoon") respects your privacy and is committed to protecting it. Sukoon abides by Federal UAE Data Protection regulations as is applicable to Sukoon within UAE. By submitting this form you hereby consent to have read and agreed to Sukoon Insurance PJSC ("Sukoon") data privacy policy as published on https://www.sukoon.com/privacy-policy ("Privacy Policy").

5. Claimants Declaration and Authorisation

I confirm that all particulars filled are true, accurate and complete. I confirm that all submitted/uploaded documents are true copy(ies) of the original documents. I also confirm my understanding that I am required to retain the original documents for a period of one year, within which Sukoon may request original documents anytime for verification purposes. In the event I do not provide the original or am unable to provide the authenticity of the submitted documents then Sukoon reserves the right to recover paid claim amounts if any. I understand that (i) any person, who intentionally conceals, makes false or misleading statement to obtain claim reimbursement, is subject to penalization and legal action, and may lead to the policy/claim being considered null and void, (ii) acceptance of claim form does not constitute acceptance of liability by the Insurer.

I hereby authorize Sukoon Insurance PJSC (hereinafter referred to as "Sukoon") to wire transfer claim payouts (if any) related to this claim form to the above bank details as updated by me. I understand that Sukoon reserves its right to use any alternate payout option if required. If ever Sukoon credits more amount than the correct benefit amount due to duplicate or erroneous funds transfer, I authorize Sukoon to revise the transaction and withdraw the overpayment. I will not hold Sukoon responsible or liable 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.

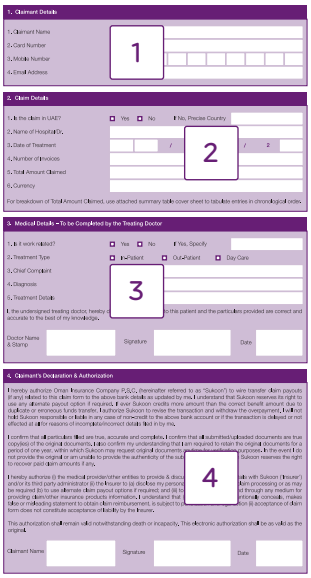
I hereby authorise Sukoon Insurance PJSC ("Sukoon") to collect, use, store, maintain, transfer, disclose, process, my personal data (which includes but is not limited to personal identification data, personal sensitive data, personal heath data in accordance with Sukoon's data Privacy Policy as published on https://www.sukoon.com/privacy-policy ("Privacy Policy"), which I confirm to have been duly notified and having read, consented to the same. In specific, I also confirm and authorize (i) Sukoon to collect, store, process, disclose and/or transfer my personal sensitive information (including my personal identifiable information, personal health information) to third parties including but not limited to my appointed broker, insurance intermediary, reinsurers, service providers, claim administrators, medical providers, emergency support/ assistance providers, IT service providers, professional advisors, consultants, auditors, administrative and/or support service providers, and other entities or persons , whether within or outside the UAE, as may be required in relation to underwriting, issuing, administering, processing, reinsuring, administering my insurance policy and/or any of my insurance claim(s) or as may be required by Sukoon in accordance with Sukoon' Privacy Policy (ii) Sukoon and its associate partners to contact me anytime (including electronically through email, SMS, and/or telephone) for seeking any additional information and/or for providing any additional information whether related to my insurance policy, my insurance claim and/ or Sukoon's other products or promotions. This authorization specifically overrides and supersedes over my DNRC (do not call registry) listing (iii) Sukoon to disclose and/or report my personal sensitive information (including my personal identifiable information, personal health information) as required by law or regulatory requirements including in case of any complaint, legal proceedings, pursuant to an order of court of competent jurisdiction whether inside or outside UAE in such circumstances and/or if and as required by law or regulatory requirements.

This authorization shall remain valid notwithstanding death or incapacity. I agree that a copy of this authorisation shall be considered as effective and valid as original.

Claimant Name

Date (mm/dd/yyyy)	**Signature**

HOW TO COMPLETE THE FORM



One Claim Form per person, family members must apply individually.For the required supporting documentation, use the attached Summary Table as cover sheet. Before you submit, check your Table of Benefits in your policy document for exclusions to avoid rejections.

Please submit the form within 120 days of treatment to ensure timely processing. Both you and the attending doctor must fill in the claim form for each individual visit or course of treatment. Please look at the below definitions to understand who is Principal member, Dependent and Claimant.

Principal Member is the **insured employee** under the policy.
Dependent refers to Principal Member's spouse or children.
Claimant is the person undertaking the treatment.

Principal Member: Please fill section 2

- To help us transfer the settled claim amount to you or your dependent's bank account, please update the IBAN of the account on the mySukoon portal or the mySukoon app.
  For policies where payment is set to group, the IBAN must be provided by your company on the company letterhead along with the HR/Accounts email ID. In case the IBAN is not provided, we will issue a cheque which will take 10 additional days.

Claimant: Please fill section 1, 2 & 4

- Fill in your name and card number. Give us your contact details so we can keep you informed on the progress of your claim by SMS or e-mail.
- Include the breakdown of expenses that need reimbursement.
  Complete the summary table on the next page giving the full required details. Each invoice detail should be on a separate line.
- Read the Declaration section carefully and remember to sign and date the form.

Doctor: Please fill section 4

- Please ensure that the doctor completes each question of the Medical section in full and then signs and stamps it.

Claim Submission

Online	Physical Submission	Courier
Submit your claim online through the mySukoon portal or mySukoon app. For claims above AED 5,000 you will need to submit the original documents.	Deposit your claim at: Your HR department, broker or at one of our branches.	Send your claim by mail to:Medical Claims Department, Sukoon , Omar Bin Al Khattab Street, Next to Al Ghurair Mall, Deira, P.O. Box 5209 Dubai, UAE Tel: +971 4 230 2700

Claim Processing

We aim to pay your complete eligible claims within 10 calendar days. Please remember that we will reimburse you as per the customary prices in our network. This means that if your doctor charges a general consultation fee of AED 400, when the average consultation fee is AED 250 in your applicable network, we will reimburse you on the basis of AED 250. Moreover, if mentioned in your table of benefits, we might apply a co-insurance over and above your network deductible. If it does, we usually apply 20% co-insurance. In the above example, if your network deductible is AED 50, we will apply 20% co-insurance on AED 200, and reimburse AED 160.

SUMMARY TABLE OF INVOICES

REIMBURSEMENT CLAIM FORM ATTACHMENT

Mark the sequence number of the corresponding invoice.

Sequence Number	Service Date	Provider Name	Service Description	Invoice Ref. Number	Claimed Amount	Currency

In case you have more invoices to send, please photocopy this sheet.

Checklist - Before you submit, please check that you have included all of the following as applicable:	✔
1. Completed, stamped and signed Reimbursement Claim Form	
2. Original invoices/bills showing payments confirmation	
3. Medical and/or Lab test reports	
4. All claims submitted must be in original & translated to either English or Arabic for the settlement	
5. Healthcare Insurance card copy of the claimant	
6. Summary Table of Invoices (above) completed	
7. You have retained a copy of the Form, Summary Table and original invoices and report for your reference	

Claimant Name & Signature

Name

Date (mm/dd/yyyy) | **Signature**

If you have any enquiries, contact us on:	**800 SUKOON (785666)** UAE Toll Free 8 am till 8 pm Monday to Friday, 8 am till 5 pm on Saturday Fax: +971 (0) 4 238 4769 weserve@sukoon.com