CREDIT LIFE INSURANCE

CLAIM FORM

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.

For best results, use Adobe Acrobat or a similar PDF processing application to fill out the form.

1. Details of Policyholder

1. Name	First Name:	☐ *Ms.* ☐ *Mrs.* ☐ *Mr.*
	Family Name:	☐ *Male* ☐ *Female*
2. Date of Birth		
3. Address (Residential)	Building:	
	Street:	
	PO Box:	
	City:	Country:
4. Mobile Number		
5. Telephone Number		

2. Claim Details

1. Claim Type	☐ Death	☐ Hospitalization Cash Benefit
	☐ Disablement	☐ Involuntary loss of employment
2. Event Date		
3. Event Details		

3. To be filled for Death, Disablement and Hospitalization Cash Benefit by the policyholder or policyholder's bank representative

1. Cause of Event	☐ Illness	☐ Accident
2. Treating Doctor Name and Location		

4. To be filled for Involuntary Loss of Employment by the Policyholder (Details of last Employer)

1. Company Name	
2. Address	Building:
	Street:
	PO Box:
	City: Country:
3. Telephone Number	
4. Email ID	

5. To be filled for Involuntary Loss of Employment by the Policyholder (Employment Details)

1. Designation	
2. Department	
3. Date of termination notice	
4. Last date of employment	
5. Reason for termination	

6. To be filled for Involuntary Loss of Employment by the Policyholder (Current Employment Details)

Please fill the below section if you joined another organization post your termination

1. Company Name	
2. Date of Joining	
3. Address	Building:
	Street:
	PO Box:
	City: Country:
4. Telephone Number	

7. Sukoon's Data Privacy Notice and Data Subject's Consent

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. Each of the applicant(s), proposer(s), insured member(s), beneficiary(ies), insurance intermediary(ies), any person(s) contacting Sukoon for any purpose (altogether referred to as "Data Subject"/"you"/"your") hereby consents and authorises Sukoon Insurance PJSC ("Sukoon") to collect, use, store, maintain, transfer, disclose, Process, Data Subject's personal data (which includes but is not limited to personal identification data, personal sensitive data, personal heath data as provided to and/or obtained by Sukoon) in accordance with Sukoon's data privacy policy as published on https://www.sukoon.com/privacy-policy ("Privacy Policy"), which each Data Subject confirms to have been notified and having read, consented to the same. The Data Subject confirms to have notified all other relevant Data Subject(s) about Sukoon's Privacy Policy and to have obtained their relevant consents prior to transferring any of their personal data to Sukoon.

8. 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	

9. Authorization

I hereby authorize Sukoon 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 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 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 Sukoon or their duly authorized representative to be provided to Sukoon and for Sukoon 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 Sukoon 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. 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

- Death certificate issued by a government entity.
- Police report (if death was due to an accident).
- Medical report from a licensed and registered medical officer with detailed diagnosis and cause of death if the cause is not clearly mentioned on the death certificate.
- Copy of passport with visa page. In case of UAE nationals, national ID card will be required.

2. Permanent Total Disability

- Disability certificate from an authorized medical practitioner.
- Police report (if disability is due to an accident).
- Medical report from a licensed and registered medical officer with detailed diagnosis, cause of disability and details of treatment given (if any).
- Copy of passport with visa page. In case of UAE nationals, national ID card will be required.

3. Hospitalization Cash Benefit

- Medical report from a licensed and registered medical officer.
- Discharge summary.

4. Involuntary Loss of Employment

- Notice of termination from the employer.
- Copy of passport with visa page. In case of UAE nationals, national ID card will be required.
- Copy of labour contract from the employer.