INDIVIDUAL LIFE INSURANCE

DEATH CLAIM PROCEDURE

Claim Intimation

To register the claim, claimant needs to intimate us within 90 calendar days from the date of the event. To send an intimation, please send an email to life. claims@sukoon.com with the below details. Claim reference number will be sent within 3 working days of receiving the intimation email.

1. Policy number
2. Date of Death
3. Place of Death
4. Cause of Death

Claim Processing

For processing the claim, please send the below documents to life.claims@sukoon.com. You can expect to receive the applicable claim settlement and/or our response within 14 working days of submitting the complete set of documents, as required by us. For any queries or follow up on your settlement, please write to us at life.claims@sukoon.com.

1. Duly filled Beneficiary claim form.
2. Duly filled Physician statement form filled by the Physician who last attended the deceased life assured.
3. Death certificate. In case of death outside UAE, the certificate needs to be attested by UAE consulate or embassy in the country where death occurred.
4. In case cause of death is not mentioned on the death certificate, medical report from Physician who last attended the deceased will be mandatorily required.
5. All medical reports showing history of illness which caused death.
6. Copy of passport with visa page. If death occurs outside UAE, kindly provide the copy of Passport page with stamp mentioning the date of last exit from UAE.
7. Police report in case of accidental death.

Sukoon Insurance PJSC ("Sukoon") reserves its right to ask for additional documents as may be required and relevant for claim assessment.

Claim Settlement

If the claim is approved, discharge receipt will be sent to the client for confirmation of the claim amount payable within 7 working days of submitting the claim forms and the documents.
The client needs to sign and stamp the discharge receipt. Once this is received, the amount will be transferred to the bank account within 14 working days.

INDIVIDUAL LIFE INSURANCE

DEATH 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. Policyholder Details

1. Policy Number		
2. In case of additional policies, please mention the numbers below		
3. Deceased Life Assured Name		
4. Date of Birth		Gender ☐ *Male* ☐ *Female*
5. Maiden Name (for married female)		
6. Address	Building:	
	Street:	
	PO Box:	
	City:	Country:

1. Policyholder Details (continued)

7. Policy Details – Please list all policies that the deceased was holding for life and medical insurance from other companies

Policy Type	Sum Insured (AED)	Policy Number

2. Treatment and Doctor Details (if applicable)

1. When did the deceased first visit the doctor for the condition that caused death	
2. Treating Doctor Name	
3. Hospital/Clinic Address	Building:
	Street:
	PO Box:
	City: Country:

2. Treatment and Doctor Details (if applicable) - continued

4. Details of treating doctors in past 5 years

Name	Location

5. Please list all hospitals where the deceased was treated or admitted for the condition that caused death

Hospital Name	Location

3. Beneficiary Bank Details

1. Account Name	
2. Account Number	
3. Bank Name	
4. IBAN (23 digits)	

4. 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.

5. Beneficiary or Legal Representative Declaration

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		Date	
Signature		Relation with Insured	

PHYSICIAN STATEMENT - INDIVIDUAL LIFE INSURANCE

PROOF OF DEATH

1. Physician Statement

1. Date of Death _____ Time of Death _____

2. Cause of Death ☐ *Illness* ☐ *Accident* ☐ *Natural Causes* ☐ *Homicide*

3. In case of accident, suicide or homicide, please give details of the event

_____

4. Were there any contributory causes of death? ☐ Yes ☐ No

   If yes, please provide details _____

5. Was there an autopsy? ☐ Yes ☐ No

   If yes, please specify who did the autopsy and the results of the procedure _____

6. When did the symptoms first become apparent? _____

7. Source of history obtained _____

8. Did the deceased have any chronic condition or deformity? ☐ Yes ☐ No

   If yes, please provide details _____

9. Was the deceased ever admitted to any institution, sanitarium? ☐ Yes ☐ No

   If yes, please provide details _____

10. Did you treat the deceased for any illness other than cause of death in past 5 years? ☐ Yes ☐ No

    If yes, please provide details _____

11. Are you aware of any other physician who treated the deceased for the condition? ☐ Yes ☐ No

    If yes, please provide details _____

12. Remarks and supplementary data, if any _____

Name _____ Date _____

Signature _____ Stamp _____