# **Group Life Death Abroad**

Claim Form





If you are signing for someone else, include a copy of the durable power of attorney or executorship if not previously provided.

### Important information

Claim form in case of death abroad to be completed by the family member. The issue of this form is not to be taken as a admission of liability by the Insurer.

Gener	ral Information	
1.	Name of the deceased person	
2.	ID card No:	
3.	Passport No:	
4.	Name of the employer in Oman	
5.	Place of death / town / country	
6.	Address in country of death	
7.	Date of death	
8.	Cause of death	□Illness □Accident □Other (Specify)
9.	Did the insured die in a hospital?  If "Yes", state the name and address of the hospital	□Yes □No
10.	Did the insured die at home?  If "Yes", state the address	□Yes □No
11.	Did the insured die in an accident?  If "Yes", state the place	□Yes □No
12.	If death occurred for any other reason, specify	
12	Notice of the sect diagraphs	
	Nature of illness / diagnosis Duration of illness:	Erom: To:
		From: To:
	Details of hospitalization	From:To:
10.	Name of husband / wife:	
17.	Remarks:	

#### **Declaration**

This form is to be filled in and signed by a family member.

I declare that the above statements are true.

I also hereby allow the insurer to get medical reports and other details from any hospital where the Life assured was treaded in the past.

Signature(s)							
Name: Relationship to the Life assured:	 □Wife	□Brother	□Sister	□Son	 □Daughter		
Address: PO Box							
PC Town / village Phone No.:							
Email ID:							
In order for us to process this request, please sign below and return.							
Sign Signature Here				Date	Date (DD/MM/YYYY)		

## How to submit this form

<u>To finalize the payment process, we require the submission of the original forms & Death certificate.</u>

#### Note: Attach the following to this Claim Form

- Duly filled Claim Form
- Copy of Death Certificate from appropriate Government Authority. In case of death of the Employee outside Oman, the death certificate must be attested by Embassy of Oman & Foreign Affairs.
- Copy of Postmortem Report (wherever legally required)
- Copy of policy report (if death was due to an accident or unnatural event)
- Copy of passport with valid visa page / resident card
- Any other documents as may be required by Company to substantiate the death claim.

Mail: Arabia Falcon Insurance P.O. Box 2279 Ruwi 112, Muscat, Oman **Fax:** +968 24566476

E-mail: info@afic.om