

## Group Credit Life – Death/Disability

Claim Form



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

### General Information

1. Policy No. \_\_\_\_\_
2. Name of the company: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Name of Life Assured: \_\_\_\_\_
5. Serial / Employee No. / Staff No.: \_\_\_\_\_
6. ID No.: \_\_\_\_\_
7. Details
  - Age \_\_\_\_\_
  - Gender \_\_\_\_\_
8. Loan amount (OMR): \_\_\_\_\_
9. Finance account No. \_\_\_\_\_
10. Finance inception date: \_\_\_\_\_
11. Repayment mode: \_\_\_\_\_
12. Number of monthly installments: \_\_\_\_\_
13. Total outstanding on the date of death/disability: \_\_\_\_\_
14. Total Claim amount \_\_\_\_\_
15. Date of Death / Disability: \_\_\_\_\_
16. Place of Death / Disability: \_\_\_\_\_
17. Cause of Death/Disability: \_\_\_\_\_
18. Name of the hospital:  In  Out  
(In or outpatient) \_\_\_\_\_

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**Signature(s)**

In order for us to process this request, please sign below and return.

<b>Sign Here</b>	Signature _____	Date (DD/MM/YYYY) _____
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**How to submit this form****Note: Attach the following to this Claim Form**

- Original Death/Disability certificate
- Hospital report showing cause of Death/Disability
- Police reports in case of accident / unnatural events
- Copy of ID card
- Copy of passport / visa page (non-Omanis).
- Loan schedule with the claim amount details.
- Copy of Postmortem Report (wherever legally required)
- AFIC proposal form from the finance company.

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

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