

Death Claim

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

Policy No. / Certificate No.:

Name of the Insured:

ID card / Passport No.:

Address:

Date of Death:

Death Due to illness

1. Name of the hospital where the death notification was issued:

2. Illness from which the diseased was suffering from:

- Date of diagnosis:

- Duration of illness:

- Details of treatment:

- Name of doctor / hospital:

3. Was the death at home, hospital, or any other place? (give details)

4. Was the death due to suicide?

Yes No

If "Yes", give details.

Details of the accident

1. Nature of accident:

2. Nature of injuries on the body:

3. Were police informed?

Yes No

4. Is the police report attached?

Yes No

5. Time the body was found

6. Place the body was found

7. Details of suicide / Murder / war / terrorism / legal / other

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 treated in the past.

Signature(s)

Name: _____

Age: _____

ID Card No.: _____

Age: _____

Relationship to the Life assured:

Wife Brother Sister Son Daughter

Address: _____

PO Box _____

PC _____

Town / village _____

Occupation: _____

Employer: _____

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

**Sign
Here**

Signature _____

Date (DD/MM/YYYY) _____

How to submit this form

Note: Attach the following to this Claim Form

For Death Claims:

- Duly filled Claim Referral Form
- Copy of Death Certificate from appropriate Government Authority. In case of death of the Employee outside Oman, the death certificate has to be attested by Embassy of Oman.
- 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.

For Disability Claims:

- Duly filled Claim Referral Form
- Copy of Disability Certificate from the Competent Authority clearly specifying the percentage of disability to be 100% (Certificate of such "unfit to work" are not acceptable)
- Copy of Policy Report (if disability is due to an accident or unnatural death)
- Cop of Medical Report with detailed diagnosis, the date of onset, cause of disability and details of treatment given (if any)
- Copy of Passport with valid visas page / resident card
- Any other documents as may be required by Company to substantiate the disability.

For Critical Illness Claims:

- Duly filled Claim Referral Form
- Copy of Police Report (if CI condition is due to an accident)
- Copy of Medical Reports with detailed diagnosis, details of treatment given, discharge summary...etc.
- Copy of Passport with valid visas page / resident card
- Any other documents as may be required by Company to substantiate the disability.

To finalize the payment process, we require the submission of the original forms

Mail:

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Muscat, Oman

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