

Individual Life Insurance Policy

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

Send this form immediately on reporting of the claim, even if the supporting documents are not ready.

General Information

Policy No. / Certificate No.:

Name of the Insured:

Oman ID card

Passport No.:

Address for communication

- PO. Box No.:
- P.C. No.:
- Location:
- Tel. No:
- Mobile No.:
- Fax No.:
- Email ID:

Name of Claimant / Assignee

- Name of bank:
- Address of bank:
- Phone:
- Email:
- Mobile:
- Personal Loan / Housing Loan / Auto Loan (OMR)

Claim amount (OMR):

Name and address of employer:

- Company Name:
- PO Box:
- PC:
- Phone No.:

Address of relative of the life assured / contact person:

- Name of relative
- Phone No.:

Death:

- Date of Death:
- Cause of Death:
- Place of Death:

Hospitalization details:

- Name of hospital:
- Date of admission:
- Attach copy of all medical reports / Death notification

Signature(s)

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

**Sign
Here**

Signature

Date (DD/MM/YYYY)

Bank Seal & Date:

The following documents will be required in case of a claim:

Death Claims:

1. Duly completed Claim Form
2. Death Certificate – Original for verification
3. In case of death of the Employee outside Oman, the death certificate has to be attested by the Embassy of Oman and Foreign Affairs.
4. Notification of Death
5. Medical reports from hospital showing details of illness & treatment
6. Copy of passport with valid visa page/resident card
7. Loan application cum sanction Form as proof of Loan
8. Original policy assigned to Bank
9. Police reports in case of accidents or unnatural events
10. Copy of Postmortem Report (wherever legally required)

Permanent Total Disability / Permanent Partial Disability:

1. Duly Completed Claim Form
2. A Permanent Total Disability Certificate by approved government authority / Board showing percentage of disability.
3. Medical reports and the hospital records showing the nature of disability.
4. Copy of Police Report (if disability is due to an accident or unnatural death).
5. The termination letter from employer showing date and cause of termination from employment.
6. Copy of passport with valid visa page/resident card
7. Original policy assigned to Bank

How to submit this form

To finalize the payment process, we require the submission of the original forms and death certificate.

Mail:

Arabia Falcon Insurance
P.O. Box 2279
Ruwi 112,
Muscat, Oman

Fax:

+968 24566476

E-mail:

info@afic.om

