



**Lifestyle Protection - Claim Form**

<b><u>Cardmember Details:</u></b>	
Name _____	Date of Birth: _____
Address _____	Post Box No. _____ Sex _____
:Male/Female	
Mobile No _____	
Credit Card No. _____ -- _____ -- Name of the Bank -- _____	
_____	_____
_____	_____
_____	_____
<b><u>Claim Details:</u></b>	
Type of Claim : Death <input type="checkbox"/>	Permanent Total Disablement <input type="checkbox"/>
Involuntary Loss of Employment <input type="checkbox"/>	
Date of Event : _____	Description of the Event: _____
_____	
_____	
_____	
<b><u>Death/Disablement Claims (to be completed by the Cardmember/Cardmember's authorised representative)</u></b>	
1. Date when the Cardmember was first examined by a doctor for the condition that caused death/disablement: _____	
2. Was death/disablement due to illness? <input type="checkbox"/> Accident? <input type="checkbox"/>	
3. Name and Address of the Family Doctor (if you have one): _____	
_____	
_____	
<b><u>Authorisation:</u></b> I hereby authorise any physician, hospital, insurer, Medical Information Bureau or other Organisation or person having any records, to provide data or information as may be requested by Oman Insurance Company or their duly authorised representative. I understand that in executing this authorisation, I waive the right for such information to be privileged. A photocopy of this authorisation shall be considered as effective and valid as the original.	
Date _____	Signed _____
Address _____	



**Involuntary Loss of Employment** (to be completed by the Cardmember)

1. Name and Address of the Company where you were an employee:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

2. Employee ID \_\_\_\_\_ Designation \_\_\_\_\_

Department \_\_\_\_\_ Location/Branch \_\_\_\_\_

3. Date of notice of Unemployment: \_\_\_\_\_

4. Date of your actual Unemployment : \_\_\_\_\_

5. Details of any Notice Pay received : Amount \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_

6. Reason for Termination :

\_\_\_\_\_

7. If you are re-employed, please provide: Date of re-employment : \_\_\_\_\_

Name and address of the new employer: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**I hereby declare and agree that the information provided above are true and undertake to inform The Bank / Oman Insurance Company immediately upon taking an employment either temporary or permanent. I understand that failure to notify The Bank/Oman Insurance Company of taking an employment within 15 days of employment shall render my benefits/claims paid/payable void and recoverable from me including the benefits/claims paid for the actual period of unemployment.**

Date : \_\_\_\_\_

Signed

\_\_\_\_\_

Please attach the following documents (original may be required for verification)

**1. for Death Claims**

- Death Certificate
- Post Mortem Report (wherever available)
- Police Report (if death was due to an accident)
- Medical Report\* with Detailed Diagnosis and Cause of Death, if required by the Company, when Actual Cause of Death is not clearly mentioned in the Death Certificate
- Copy of passport with visa page

**2. for Permanent Total Disablement Claims**

- Disability Certificate from an authorised medical practitioner to assess disability
- Police Report (if disability is due to an accident)





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- iii. Medical Report\* with Detailed Diagnosis, Cause of Disability and Details of any Treatment given
- iv. Copy of passport with visa page

\* from an Authorised Medical Practitioner.

**3. for Involuntary Loss of Employment Claims**

- i. Notice of Termination from the Employer
- ii. Copy of Passport with Visa Page
- iii. Copy of Labour Contract
- iv. Copy of appointment letter

**IMPORTANT NOTICE:**

**Please submit the completed Claim Form alongwith the required documents to any of the Branches of the Bank within two months from the date of letter of termination.**



**MAJID AL FUTTAIM**  
JCB FINANCE



**Oman Insurance Company** (ش.م.ع.) **شركة عُمان للتأمين** **NUANCE**



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