

## Income Protection Insurance (Claim Form)

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\* To be completed by the Policy Holder or Claimant in BLOCK letters.

\* Please answer all questions, use 'not applicable' (N/A) as appropriate instead of leaving it blank. Counter-sign where amendments/alterations are made in the form.

\* The filing of this claim form is not to be construed as an admission of liabilities by the Company.

### Claimant/Policy Holder Details

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Policy Number	Name of Policy Holder	Passport No of Policy Holder	UAE Visa No of Policy Holder

Nationality of Policy Holder	Date of Birth of Policy Holder	Name of the Claimant:	Age of the Claimant:

Contact number of the Claimant	Relationship with the Policy Holder	Passport No of Claimant	UAE Visa No of Claimant

Nationality of Claimant

### Claim Details

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Type of Claim :

- Accidental Death    Hospital Cash    Involuntary Loss Of Employment(ILOE)

Accidental Death Amount	Hospital Cash Amount	ILOE Amount

Date of Event

### Description of the claim

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Please explain your claim details\*

Please refer to the requirement list of documents to support your claim

- Accidental Death

Date of Death	Place of Death

Cause of Death:

- Road Traffic    Accident Fall    Drowning    Fire Related    Industrial    Accident

- Others (Please provide Details)

Hospital Cash

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Type Of Illness	Name and Address of treating doctor	Hospital contact number

Hospital email Address:	Number of days in Hospital	Date of Discharge

Details of Illness:

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Other Discharge Details:

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Involuntary Loss of Employment(ILOE)

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Name and Address of Employer	Occupation	Employer contact number	Employer email Address

ILOE Start Date	Date of Termination	Reason for Termination

I hereby confirm that I have been terminated from my employment as mentioned above and I am currently not employed. I undertake that I will inform Orient Insurance PJSC immediately should I be re-employed.

I am aware and acknowledge that the ILOE claim will discontinue once I am re-employed.

Authorization: I hereby authorize any physician, hospital, insurer/medical information bureau or other organization or person having any records, data or information as may be requested by Orient Insurance or their representative. I understand that in executing this authorization, I waiver the right for such information to be privileged. A Photocopy or scanned copy of this authorization shall be considered as effective and valid as original

Attach Documents (Passport copy, Emirates ID etc. Maximum Size allowed = 2 MB, Formats allowed = pdf, jpg, jpeg, png, gif, tif.)

Declaration: I declare that the information given above is, to the best of my knowledge and belief, true and complete.

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