الوطنية للتأمين على الحياة والعام
NATIONAL LIFE & GENERAL INSURANCE
Ominvest Group مجموعة اومينفست

COMPREHENSIVE PERSONAL PLAN CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TAKEN AS ADMISSION OF LIABILITY

(Note: Additional information or Documents may be called for if necessary)

Name of Policy Holder			
Policy Number		Period of Insurance:	to :
Name of the Life Assured			
ID/Passport Number:		Tel. No./ GSM	
Nationality.		Occupation	
Age / Date of Birth		Nature of Work	

Nature of Claim

☐ Death ☐ Accidental Death Benefit (ADB) ☐ Permanent Total Disability (PTD)

☐ Repatriation ☐ Permanent Partial Disability (PPD) ☐ Medical Expenses due to Accident

☐ Temporary Total Disability (TTD)

ACCIDENT/SICKNESS

Date of Accident/Sickness		Place of Event	
Details of Accident / Sickness:			
Nature of Injuries			
Claim amount			

GENERAL

Are you insured against accident with any other Company? If so, give name and amount of benefit.	
Have you previously suffered from trouble or any other injury? If so, give particulars with date and period of incapacity	
Have you previously made any claim under this or other accident policies? If so, give details	

To be completed for Permanent / Temporary Disablement Compensation Claims only

Date on which ceased working	
Have you ever since been able to supervise or give any attention whatever to any part of your business or occupation? If so, from what date	
Date on which resumed working	
Annual Salary at time of accident (to be supported by a certificate from Employer)	

I hereby warrant the truth of the above statements

Date: **Signature of Insured**