

ACCIDENT CARE INSURANCE Claim for Mashreq Credit Card Customers

Policy Holder Name:

Name of Insured:

Policy Number:

Address and Telephone Number:

Is the Claim regarding:

ACCIDENTAL DEATH

PERMANENT TOTAL DISABILITY DUE TO AN ACCIDENT

ACCIDENTAL MEDICAL EXPENSES

IDENTITY THEFT

Time & Date of Incident

Place and Country of Incident:

Full circumstances of the Incident:

Nature and extent of injury (for Personal Accident Claims):

Description of disability, if any:

Name and Address of attending Doctor:

Beneficiary Name and Contact details (in case of Accidental Death Claims):

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything with which it ought to be made acquainted and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue avowal whatever, the policy shall be void, and my right to compensation forfeited, and I am willing, if required, to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Signature of Insured: _____

Date: _____

Signature Of Attending Physician: _____

Date: _____

Documents to be submitted along with the claim form for all claims.

- 1. Credit card/ Bank statement showing the deduction of premium
(the period of cover is 30 days from the date on which the premium is charged on your card)**
- 2. Passport copy**

Additional Documents:

Death Claims:

- 1. Copy of Death Certificate**
- 2. Copy of Marriage Certificate**
- 3. Post Mortem Report**
- 4. Police and Witness Reports**

Personal Accident Claims

- 1. Original medical reports and Prescriptions**
- 2. Original Invoices**

Identity Theft

- 1. Verification of Loss**
- 2. Police Report**

Please submit the documents to address below.

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