

DEATH/DISABILITY CLAIM FORM FOR ABU DHABI COMMERCIAL BANK - GROUP LIFE AND PA REMITTANCE SHIELD POLICY

DEATH/DISABILITY CLAIM SUBMISSION: To be completed by Bank/Claimant

We regret to submit our Claim under the above-mentioned Insurance Policy upon the Death/Disability of our customer; the details of the Deceased/Disabled member and the Account Details are as given below:

Name Of Deceased/Injured Member	Mr./Mrs./Ms.
Nationality	
Passport Number/ Date of Birth	
Date of Claim Intimation	
Date of Death/ Diagnosis of Illness / Disability	
Cause of Death/Nature of Disability	
Country of Death/Disability	
A/ C No:	
CID NO:	
Amount being Claimed	
Date of Treatment	
Type of Claim	
Remarks if any	
Please find attached the following documents for a speedy claim assessment and settlement :	Please "√"
1. Death in UAE – Original Death Certificate Death / Disability outside UAE – Original Death Certificate duly notarized & attested by the Ministry of External/Foreign Affairs of the Country of Death, UAE Embassy in Country of Death and Ministry of Foreign Affairs, UAE	
2. Original full and complete medical report showing diagnosis, future prognosis and specifying any percentage of disability from the treating doctor or hospital/clinic. Original discharge summary if in-hospitalization was involved from the treating doctor or hospital. Original copies of results of any diagnostic tests. Any other documents pertaining to the claim which the Company may require reasonably.
3. Medical Report of Death in case of Natural Death/Permanent Total Disability	
4. Copy of the Post Mortem Report & Police Report in case of Accidental Death	
5. Photocopy of the Passport of the Deceased / Disabled member with a Valid Visa Page as on Date of Death/ Disability (and at the time of opting cover, if different)	
6. Bank Statement showing the details of the account of the Insured Member evidencing total remittances in past 30 days prior to death or disability.	
7. In case requirement in 5 above is not available, then a letter from the bank (on bank's letterhead) evidencing details of past 30 days remittances prior to death or disability	
8. Any other documents as requested by Company in the Policy Contract Please mention the documents attached separately.	

WE DECLARE THAT THE STATEMENTS GIVEN ABOVE ARE COMPLETE AND ACCURATE; THAT MR/MRS/MS _____ WAS ELIGIBLE FOR THE REMITTANCE SHIELD GROUP LIFE & PA INSURANCE SCHEME COVER AND THAT HE/SHE WAS A MEMBER OF THE SCHEME TILL THE DATE OF HIS/HER DEATH/DIABILITY.

SIGNED:

DESIGNATION OF THE BANK AUTHORITY WITH STAMP:

DATE: