



Union Insurance Company P.S.C

P.O. Box 119227, Dubai, U.A.E.

Majid Al Futtaim Finance Life Style Protection Policy - Claim Form

Cardholder Details:

Name : _____ Date of Birth: _____

Address : _____ Sex : *Male/Female*

Bank Name : _____

Credit Card No.: _____

Contact Nos: _____ Email Id: _____

Visa/Master Classic/Gold Date of Issue: _____ Valid Through: _____

Claim Details:

Type of Claim : *Death* *Permanent Total Disablement*

Involuntary Loss of Employment *Critical Illness*

Hospital Cash Benefit *Life style Benefit*

Date of Event : _____ Description of the Event: _____

Involuntary Loss of Employment (to be completed by the Cardholder)

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 Union Insurance Company immediately upon taking an employment either temporary or permanent. I understand that failure to notify the Union Insurance Company of taking an employment within 30 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 : _____

Death/Disablement Claims/Critical Illness/Hospital Cash Benefit *(to be completed by the Cardholder/Cardholder's authorised representative)*

1. Date when the Cardholder was first examined by a doctor for the condition that caused death/disablement/Critical Illness: _____
2. Was death/disablement/Critical Illness due to illness? Accident?
3. Date when the Cardholder was diagnosed for Critical Illness _____
4. Type of Critical Illness _____
5. Name and Address of the Family Doctor (if you have one): _____

6. Date of Admission and Discharge _____ (in respect of Hospital Cash Benefit)

Authorisation: 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 Union 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 _____

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

For Death Claims

- a) Death certificate
- b) Post mortem report (wherever legally required)
- c) Police report (if Death was due to an accident)
- d) Medical report from an authorised medical practitioner with detailed diagnosis and cause of Death if required by the company when the actual cause of Death is not clearly mentioned in the Death certificate.
- e) Copy of passport with valid visa page (in case of Expatriates)/ National Identity Card (in case of Nationals)
- f) Credit Card outstanding statement as at the date of event
- g) Any other documents as may be required to substantiate the claim

For Permanent Total Disablement Claims

- a) Disability certificate from an authorised medical practitioner to assess disability
- b) Police report (if disability is due to an accident)
- c) Medical report from an authorised medical practitioner with detailed diagnosis, cause of disability and details of treatment given (if any)
- d) Copy of passport with valid visa page (in case of Expatriates)/ National Identity Card (in case of Nationals)

- e) Credit Card outstanding statement as at date of event
- f) Any other documents as may be required to substantiate the claim

For Critical Illness Claims

- a) Medical report from an authorized practitioner diagnosing critical illness
- b) Police report (if critical illness is due to an accident)
- c) Copy of passport with valid visa page (in case of Expatriates)/ National Identity Card (in case of Nationals)
- d) Credit Card outstanding statement as at date of event
- e) Any other documents as may be required to substantiate the claim

For Involuntary Loss of Employment Claims

- a) Notice of termination from the Card member's employer
- b) Copy of passport with valid visa page (in case of Expatriates)/ National Identity Card (in case of Nationals)
- c) Salary slips for 3 months preceding date of notice of termination
- d) The Company may also request for a copy of the Labour Contract from the Employer if it is required to verify the period of employment contract.
- e) Credit Card outstanding statement as at date of event
- f) Any other documents as may be required to substantiate the claim

For Hospital Cash Benefit Claims

- a) Hospital admission report
- b) Medical report showing the diagnosis & the course of treatment
- c) Certificate from the hospital administrator certifying the no. of days of continuous hospitalisation
- d) Discharge Summary
- e) Copy of passport with valid visa page (in case of Expatriates)/ National Identity Card (in case of Nationals)
- f) Credit Card outstanding statement as at date of event
- g) Any other documents as may be required to substantiate the claim

Lifestyle benefit Claims (in addition to documents submitted for death claims)

- a) Actual bills as may be required
- b) Any other documents as may be required to substantiate the claim

All documents indicated above may be required to be produced in original (other than those surrendered to the authorities or employer) for verification before the final settlement of claim.

IMPORTANT NOTICE:

Please submit the completed Claim Form along with the required documents to any of the Branches of Majid Al Futtaim Finance.