Life & critical illness claim form

Please accept our condolences if you are completing this after a bereavement. Call us and we will guide you through it rather than leaving you with the paperwork.

OFFICE USE
Claim ref.

THE LIFE ASSURED

Full name

Date of birth

Policy number

Emirates ID number

TYPE OF CLAIM

This claim is for

☐ Death ☐ Critical illness ☐ Total disability ☐ Terminal illness

Date of death or diagnosis

Place

Cause of death, or the illness diagnosed

Attending physician

Hospital or clinic

PERSON MAKING THE CLAIM

Full name

Relationship to the life assured

Mobile number

Email address

Address

WHERE TO PAY THE SETTLEMENT

Complete only if the settlement is to be paid to you directly. Payments are made to the policyholder unless the insurer directs otherwise.

Account holder name

Bank name

IBAN

Account number

DOCUMENTS TO ATTACH

- ☐ Death certificate, attested, for a death claim
- ☐ Medical report confirming the diagnosis, for critical illness
- ☐ Hospital discharge summary and investigation reports
- ☐ Passport and Emirates ID of the life assured
- ☐ Passport and Emirates ID of the claimant
- ☐ Proof of relationship or the legal succession certificate

DECLARATION

I declare that the information given on this form is true and complete to the best of my knowledge. I understand that giving false information may invalidate the claim and the policy. I authorise Masters Insurance Brokers to pass this form and the attached documents to the insurer and to act on my behalf in progressing this claim. I consent to the insurer obtaining medical records relevant to this claim from any physician or hospital.

Signature

Date

Name in block capitals