

OMAN INSURANCE COMPANY

P.O. Box 5209, Dubai, U.A.E.

**Credit Shield –Claim Form for Mashreq Credit Card Customers**

**Cardmember Details:**

Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address : \_\_\_\_\_ Sex : *Male/Female*  
 Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Credit Card No. \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ --  
*Visa/Master Classic/Gold/Platinum* Date of Issue: \_\_\_\_\_ Valid Through: \_\_\_\_\_

**Claim Details:**

Type of Claim : *Death*  *Permanent Total Disablement*   
*Involuntary Loss of Employment*  *Hospital Cash Benefit*   
 Date of Event : \_\_\_\_\_ Description of the Event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

1. Give the date when the Cardholder first saw a doctor for condition that caused death/disablement: \_\_\_\_\_
2. Was death/disablement due to illness?  Accident?
3. Name and Address of the Family Doctor: \_\_\_\_\_  
\_\_\_\_\_
4. Names and Addresses of all doctors who attended or treated the Cardholder in past 5 years:  

| Name  | Address | Period of Hospitalisation | Reason |
|-------|---------|---------------------------|--------|
| _____ | _____   | _____                     | _____  |
| _____ | _____   | _____                     | _____  |
| _____ | _____   | _____                     | _____  |
| _____ | _____   | _____                     | _____  |
5. Names and Addresses of all hospitals the Cardholder was ever treated at or admitted to:  

| Name  | Address | Period of Hospitalisation | Reason |
|-------|---------|---------------------------|--------|
| _____ | _____   | _____                     | _____  |
| _____ | _____   | _____                     | _____  |
| _____ | _____   | _____                     | _____  |

**Authorisation:** I hereby authorise any physician, hospital, insurer, Medical Information Bureau or other Organisation or person having any records, data or information as may be requested by Oman 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 \_\_\_\_\_

**Involuntary Loss of Employment (to be completed by the Card member)**

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 Bank/Oman Insurance Company immediately upon taking an employment either temporary or permanent. I understand that failure to notify the Bank/Oman Insurance Company of taking an employment within 15 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 : \_\_\_\_\_

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

1. **for Death Claims**

- a. Death Certificate
- b. Post Mortem Report (wherever available)
- c. Police Report (if death was due to an accident)
- d. Medical Report\* with Detailed Diagnosis and Cause of Death, if required by the Company, when Actual Cause of Death is not clearly mentioned in the Death Certificate
- e. Copy of passport with visa page
- f. Any other documents as may be required.

2. **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\* with Detailed Diagnosis, Cause of Disability and Details of any Treatment given
- d. Copy of passport with visa page
- e. Any other documents as may be required.

\* from an Authorised Medical Practitioner.

3. **for Involuntary Loss of Employment Claims**

- a. Notice of Termination from the Employer
- b. Copy of Passport with Visa Page
- c. The Company may also request for a copy of the Labour Contract from Employer if it is required to verify the period of employment contract.
- d. Any other documents as may be required.

4. **for Hospital Cash benefit**

- e. Police Report if applicable
- f. Medical Report from a licensed and registered medical officer
- g. Discharge Summary.
- h. Any other documents as may be required

**IMPORTANT NOTICE:**

**Please submit the completed Claim Form along with the required documents to the nearest Mashreq branch.**