

PERSONAL ACCIDENT TAKAFUL / INSURANCE

DECLARATION OF ACCIDENT (CLAIM FORM)

Date :

Product	Personal Accident Takaful / Insurance for CASA – Pay Roll Accounts
Policy No.	P/10/311/18/00002
Policy Period	01.02.2018 to 31.12.2018
Name of Policy holder	Emirates Islamic Bank PJSC
Name of the Insured Person	
Age and Date of Birth	
Place of Accident	
Date & Time of Accident	
Usual Occupation	
Date of Inclusion in the Master Policy	
Name of witness to Accident, if any	
Nature of activity at the time of accident	
Was the accident due to others' fault/negligence If so, please provide full particulars.	
Nature & extent of injury	
Was the injured person taken to Hospital/Doctor (If yes – provide all Medical Reports from the Doctor including Discharge Summary and all Medical Bills)	

Did the injured person stop normal occupation/activities	
When can the Injured Person resume normal occupation/activities	
Was the accident reported to the Police (If yes - provide police report)	
Monthly Income of the Injured Person	
Does the Injured Person have any other Insurance covering this incident	

We declare that the information stated above are complete and accurate to the best of our knowledge.

Signature of Insured :

Documents Required: (all copies to be attested by EIB)

1. Passport Copy with Visa Page, Emirates ID of the injured person (Clear copies)
2. Detailed Medical Reports including Discharge Summary if hospitalised – in original
3. Prescriptions, Medical Bills in original
4. Police Report/Court Judgements
5. In case of Death – Post Mortem Reports/Death Certificate
6. All other documents as listed under Master Service Agreement between EIB/DAT & NGI

Note : Issuance of this claim form does not constitute admission of liability by the Insurer. The claim will be processed as per Terms, Conditions & Limitations of the Policy.