

OMAN UNITED INSURANCE CO. S.A.O.G.



الشركة العامة للتأمين والتأمينات عمان ج.م.ع

SECURITY SERVICES

**CLAIM FORM – DEATH**

1. Name of the Insured (Mr. /Ms.): .....
2. Policy Number:.....
3. Name of the deceased: .....
4. Date of Birth (Proof to be enclosed):.....
5. Occupation: .....
6. Sum Insured:.....
7. Date of Death ( Proof to be enclosed):.....:
8. Place of Death: : .....
9. Basic Salary (RO) : .....**(Statement to be enclosed)**
10. Cause of Death: .....

We hereby declare and certify that the above details given are true and complete, that the above member was eligible, was included in the declaration of members declared to the Insurer and was our employee as at the date of the Death. Further, we undertake to provide additional information, if any, required by the Insurer.

Dated on this ..... Day of ..... 200... At .....

Claimant's Name & Signature: .....

Address with Seal .....

OMAN UNITED INSURANCE CO. S.A.O.G.



الشركة العامة للتأمين في عمان

SECURITY SERVICES

**Note That Following Documents to be Enclosed:**

- Death Certificate (Original).
- Age proof (ID card copy/Passport copy).
- Medical Certificate indicating the cause of death.
- Hospitalization Report/Discharge summary.
- Police Report in case of unnatural death.
- Accident report in case of accidental death.
- Statement of Loan Account
- Others (if any).....

Death and Birth Certificates must be attached **in original** and they will be returned after due verification.

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