

**Claim Form**

Family Credit Cards

Cardholder Name: \_\_\_\_\_

Card Number &amp; Bank Name: \_\_\_\_\_

Cardholder's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

Type of Card:  Family card  Family card premium

Credit Limit AED: \_\_\_\_\_ Outstanding Limit AED: \_\_\_\_\_

Name of claimant: \_\_\_\_\_

Relationship to the Cardholder: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Benefit Details: (Please tick ( ) as applicable)**

- (a) Natural Death / Accidental Death ( )  
(b) Permanent Total Disablement due to Sickness / Accident ( )  
(c) Accelerated Critical Illness ( )  
(d) Involuntary Loss of Employment ( )  
(e) In-Hospital Cash Benefit ( )

**Accident:**

1. Circumstances of the Accident and Date \_\_\_\_\_

2. Did you report the Accident to the Local Police:  Yes  No

3. Date of Report: \_\_\_\_\_

**Sickness:**

1. Nature of Sickness Diagnosed and Date. \_\_\_\_\_

2. Name of Doctor and Hospital. \_\_\_\_\_

**Involuntary Loss of Employment:**

1. Name of Employer. \_\_\_\_\_

2. Date of Notice of Termination. \_\_\_\_\_

3. Occupation. \_\_\_\_\_

4. Designation. \_\_\_\_\_

5. Last Salary Drawn. \_\_\_\_\_

**Other Insurance: Please complete this section in full to avoid delaying your Claim Settlement**Do you have any other insurance that will cover this loss:  Yes  NoIf yes, please give the name and address of your Insurer:  
\_\_\_\_\_  
\_\_\_\_\_**Declaration:**

I declare to the best of my knowledge and belief that the above statements are true. I understand that if I have provided any information that is not true, my claim will not be covered, and I may suffer consequences thereafter.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For assistance, please contact ADNIC on +971 2 408 0551

**Documentation Checklist****A. Death Claims:**

- i. Claim Form duly completed and signed by authorized signatory
- ii. Accident Report (in case of Accident)
- iii. Death Certificate (in original). In case of death taking place outside U.A.E., such original Death certificate issued abroad should be attested by U.A.E Embassy
- iv. Post Mortem Report (wherever required)
- v. Police Report – if death due to accident/Road Traffic Accident
- vi. Medical Report from a hospital with a detailed diagnosis, history of illness (if natural death) and cause of death, if the same is not clearly mentioned in death certificate.
- vii. Copy of Passport including visa page (for expatriates)
- viii. Credit Card Application Form
- ix. Credit Card Statement for the last five months
- x. Copy of Emirates ID
- xi. Salary Slips for 3 months prior to the Incident
- xii. Any other document found necessary

**B. Disability Claims**

- i. Claim Form duly completed and signed by authorized signatory
- ii. Accident Report (in case of Accident)
- iii. Medical Report (in original) confirming exact degree of permanent disability issued by the Medical Board
- iv. Police Report – if disability is as a result of accident/Road Traffic Accident
- v. Medical Report from a Hospital with a detailed diagnosis, history of illness (if disability due to sickness) and cause of disability
- vi. Copy of Passport including visa page. (for expatriates)
- vii. Copy of Emirates ID
- viii. Credit Card Application Form
- ix. Credit Card Statement for the last five months
- x. Salary Slips for 3 months prior to the Incident
- xi. Any other document found necessary

**C. Critical Illness Benefit /Male & Female Cancer**

- i. Claim Form duly completed and signed by authorized signatory
- ii. Medical Report confirming the disease and detailed Medical Reports.
- iii. Credit Card Application Form
- iv. Credit Card Statement for the last five months
- v. Copy of Passport of the employee including visa page
- vi. Copy of Emirates ID
- vii. Salary Slips for 3 months prior to the Incident
- viii. Any other document found necessary

#### D. Involuntary Loss of Employment

- i. Termination letter stating reasons for Termination
- ii. Letter from the bank stating the outstanding amount at the time of termination.
- iii. Copy of employment offer letter / Copy of the labor contract
- iv. Complete Passport copy showing visa page duly **signed and dated** by the Authorized personnel of the Bank.
- v. Copies of statement / history showing transactions, amount of instalments, instalment in arrears and the outstanding amount
- vi. Copy of the credit card application
- vii. Salary slips for the 3 months preceding date of notice of termination
- viii. Monthly submission of passport copy showing visa page along with bank's stamp and date.
- ix. Proof of fulltime employment on the employer's letterhead paper, including copy of the employment agreement between employer and employee, clearly stating that the employee was employed on a fulltime basis
- x. Credit Card Statement for the last five months
- xi. Copy of Emirates ID
- xii. Any other documents as may be required as per the prevailing Company policies.