



**PERSONAL ACCIDENT PLAN for Sri Lankan Nationals
CLAIM FORM**

SUBMISSION OF THIS FORM CANNOT BE CONSIDERED AS ADMISSION OF CLAIMS LIABILITY

(Note: Additional information or Documents may be called for if necessary)

Name of Policy Holder / Claimant			
Certificate Number:		Period of Insurance:	
Name of the Life Assured			
ID proof / Passport Number of Insured		Mobile / Tel. No. of claimant	
Nationality		Occupation	
Age / Date of Birth		Nature of Work	

Nature of Claim

<input type="checkbox"/> Death	<input type="checkbox"/> Permanent Total Disability (PTD)	<input type="checkbox"/> Permanent Partial Disability (PPD)
<input type="checkbox"/> Air Ticket	<input type="checkbox"/> Permanent Partial Disability (PPD)	<input type="checkbox"/> Repatriation due to _____
<input type="checkbox"/> Legal expenses	<input type="checkbox"/> Employment assistance	<input type="checkbox"/> Temporary disabilities
<input type="checkbox"/> Dependant's Death / Funeral expenses / Air ticket	<input type="checkbox"/> Medical Expenses due to accident, terminal illness	

Detailed cause of claims

Date of Event

Place of Event

Nature of disability with percentage

Describe Medical Treatment Given

Amount of Claim / Sum Assured

Please submit the following documents. Copies should be attested by the authorized person

Documents	Submitted (✓)
Death Certificate / Disability assessment Certificate form MOH board	
Notification of Death form / police report if applicable	
Medical bills, report for medical expenses	
Dependant's death certificate, funeral expenses bills, copy of air ticket, boarding pass and invoice copy for air ticket	
Proofs related to repatriation (based on type of repatriation)	
Age Proof (Copy of ID Card / Passport) of insured / dependant as required	
Any bills / documents related to legal expenses, air fare etc. related to claims of the policy	
Any other claims related bills / invoices / documents (please specify)	

Date:

Place:

Signature of Claimant / Authorized signatory

National Life & General Insurance Company SAOG

(A subsidiary of Ominvest Group)

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C.R. No.: 1/48787/6 ICR No.: 23

الشركة الوطنية للتأمين على الحياة والعام ش.م.ع.ع.

(تابعة لشركة مجموعة اومينفست)

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