



PERSONAL ACCIDENT (CLAIM FORM)

SRI LANKAN BUREAU OF FOREIGN EMPLOYMENT

SLBFE POLICY NO.:

NAME OF THE POLICY HOLDER:

Particulars of the Insured Person:

Full Name _____

Gender _____

Passport Number: _____

Certificate Number: _____

Country of Employment: _____

Date of Entry: _____

Address for Communication _____

Particulars of the Nominee (Death Claims) / Beneficiary (Other Claims)

Full Name

RelationshipDate of Birth:.....day of(month).....(year)

DEATH BENEFITS

1. Date on which the Deceased first saw a doctor for the condition that caused death:

Cause of Death: Due to Illness Due to Accident

Occurrence of Death: During Work Hours Outside Work Hours

2. In case of Accident, please provide brief detail below and attach newspaper clippings or Police report (if any):

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MEDICAL EXPENSES (Accident / Serious Illness)

1. Date & Time of Accident / Serious IllnessAM/PM
(dd/mm/yyyy)

2. Narration of the Accident

3. Description of the Accidental Injuries

Disability Claims:

Details of accidental injury: _____

Extend of Disability: _____

Detail of Doctor certifying the disabilities:

Name.....

Hospital.....

REPATRIATION EXPENSES

Reason of Repatriation: Medical Unfitness Harassment Pandemic Situation
 Pregnancy Premature Termination by Employer

AUTHORIZATION (RECORDS VERIFICATION):

Name of the Policy Holder_ _____

I/We hereby authorize any physician, hospital, Insurer, Medical Information Bureau or other organization or person having any records, data or information concerning health history of the Deceased to furnish such records, data or information as may be requested by UNION INSURANCE CO. PJSC, or their duly authorized representative. I understand that in executing this authorization, I waive the right for such information to be privileged. A photocopy of this authorization shall be considered as effective and valid as the original.

DATE

SIGNATURE OF THE INSURED

AUTHORIZATION (CLAIM PAYMENT TO BENEFICIARY OTHER THAN POLICY HOLDER OR LEGAL HEIRS):

Name of the Policy Holder_ _____

I/We hereby authorize Union Insurance Co. PJSC to settle and effect the payment of claim amount to the following beneficiary. I/We understand and agree that discharge obtained from the following beneficiary will fully relieve Union Insurance Co. PJSC of their liability towards the above Claim. A photocopy of this authorization shall be considered as effective and valid as the original.

Date _____

SIGNATURE OF THE INSURED

DISCHARGE RECEIPT

<p>CLAIM NO :</p> <p>POLICY NO. :</p> <p>I/We the undersigned,</p> <p>do hereby declare and acknowledge receipt from M/s. UNION INSURANCE COMPANY PJSC the sum of _____ in full and final settlement of the claim</p> <p>DATE:</p>	<p>Gross Claim Amount :</p> <p>Net Claim Amount :</p> <p style="text-align: right;">SIGNATURE & STAMP OF THE INSURED</p>
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Beneficiary Bank Account Details

Name:	
Account No:	
IBAN No:	
Bank:	
Branch:	
Country:	
SWIFT CODE:	

DOCUMENTS (PLEASE ATTACH)

Nature of Claim	Documents required
General – Mandator documents for “any claim under the policy”	<ul style="list-style-type: none"> Claim form (as above) filled/signed. Copy of Passport with valid visa page Copy of National ID card Copy of Employment Contract
Claim for death of Insured member/ repatriation of mortal remains	<ul style="list-style-type: none"> Copy of Death Certificate issued by Ministry of Health attested by Ministry of Social Affairs and to be attested by Embassy of the Country of employment. Copy of Postmortem Report Copy of Police Report (for accidents including road accidents) Copy of Visa Cancellation Copy of Passport cancellation by issuing authority Copy of Birth certificate Actual cost of expenses/bills/vouchers/copy of air-tickets Any other documents as required by Claims officers
Claim for disability (Permanent Total or Partial or Temporary Total Disabilities)	<ul style="list-style-type: none"> Copy of disability certificate issued by respective Medical Council or Government Authority of the Country of Employment or authorized authority in Sri Lanka (if repatriated) Copy of Discharge Summary from Hospital Copy of Police report if the claim is due to accident. Copy of report from attending Doctor as to the cause of disability Any other documents as required by Claims officers
Medical Expenses due to accidents or serious illness or Residential ICU	<ul style="list-style-type: none"> Detailed medical report (discharge summary) identifying the condition at the time of admission and at discharge also details treatment provided. Copy of diagnostic reports/prescription for medicines Original invoices, receipts, and payment proof Copy of police report in case of accidents. Copy of report from attending Doctor/hospital/government authority instruction on residential or confined treatment or isolation (for residential ICU claims) Any other documents as required by Claims officers
Repatriation due to harassments/medical unfitness/pregnancy/pandemic situations	<ul style="list-style-type: none"> Invoices and receipt for actual expenses Copy of certificate or letter issued by Sri Lankan Embassy or Consulate Copy of certificate or letter issued by Country of employment as to the reasons for repatriation. Copy of medical certificate & recommendations for repatriation issued by Country of Employment (unfitness repatriation claims or pregnancy related claims) Copy of police report or complaint with Embassy or Consulate for harassments Copy of visa cancellation Any other documents as required by Claims officers
Repatriation due to premature termination of contract by Employer in case of closure or bankruptcy or any other reason	<ul style="list-style-type: none"> Invoices and receipt in support of actual expenses Certificate or report from Employer or Government Authority or from Sri Lankan Consulate/Embassy stating the reason for repatriation. Copy of visa cancellation Any other documents as required by Claims officers
Legal Expenses towards non-insurance related issues	<ul style="list-style-type: none"> Invoices and receipt in support of actual expenses Certificate or report from Employer or Government Authority or from Sri Lankan Consulate/Embassy stating the reason for repatriation. Detailed report of the circumstances leading to filing of claim Report from attending Counsel as to the chances of success in the matter, if available. Any other documents as required by Claims officers
Shelter expenses	<ul style="list-style-type: none"> Certificate or report from Employer or Government Authority or from Sri Lankan Consulate/Embassy stating the reason for repatriation. Detailed report of the circumstances leading to filing of claim Actual cost, bills, voucher and payment proof. Any other documents as required by Claims officers