



KFH Takaful

SRI LANKA DOMESTIC HELPER'S INSURANCE POLICY - CLAIM FORM

Name of Domestic Helper:

Policy No.:

Country of Employment:

Date of Arrival in Country of Employment:

Date of Birth

Passport Number

Civil Identification Number

Visa Copy or Copy of Passport with Entry Stamp

Start Date of Employment Contract

Type of Claim

Death Injury Medical Expense Repatriation

Date of Death/Accident/Incident.....

Place & Time of Death/Accident/Incident.....

Direct Cause of Death/Accident/Incident.....

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Name of the Claimant.....

Address of Claimant.....

Signature of Claimant..... Date of Claim form Submission.....

List of Supporting Documents:

1.....

2.....