



**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	
<b><u>Nature of Claim</u></b>			
<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			
<b>Please submit the following documents. Copies should be attested by the authorized person</b>			

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)

☎ P.O. Box : 798, Wadi Kabir, P.C. 117, Sultanate of Oman

☎ (968) 24730999 ☎ (968) 24727453

☎ natlife@nlicgulf.com ☎ Web : www.nlicgulf.com

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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☎ ص.ب. (78787/1) رقم الترخيص: 23

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## 2.National Life and General Insurance Company (S.A.O.G)

### 2.1. List of branches of the Middle Eastern region

<i>Country</i>	<i>Office address</i>	<i>Contact Number</i>	<i>Insurance Coordinator</i>
Oman	P.O.Box 798,postal code 117,sultanate of Oman. Building No.115, plot no. 330,block no.146,way no.4202	+96899254635 (Hotline) +9715515173232 (Whatsapp Hotline)	Thamarai Selvan +96824730840 <a href="mailto:thamarais@nlicgulf.com">thamarais@nlicgulf.com</a> +96824655800 (Claim Handling Hotline)
United Arab Emirates	Dubai office no.803,tower A1, the opus omniyat,A1 A Amal street business bay, Dubai	+971551772558 (Hotline)	Debi Prasad <a href="mailto:debiprasad@nlicgulf.com">debiprasad@nlicgulf.com</a> +971568645465
	Abu Dhabi, 1 <sup>st</sup> floor, Dhafirtower,FathimaBint Mubarak street Electra Najda Intersection, PO box 26551, Abu Dhabi	+9715515173232 (Whatsapp Hotline)	+97142708000 (Claim Handling Hotline)
State of Kuwait	P.O.Box 16366, A1 Qadisiya, PC 35854, Kuwait 20 <sup>th</sup> Floor, Mazaya Tower 2, Sharq, safat13060, Kuwait	+96597973979 (Hotline) +9715515173232 (Whatsapp Hotline)	Ani Sadasivam + 96555944972 <a href="mailto:ani@nlicgulf.com">ani@nlicgulf.com</a> +96522413385 (Claim Handling Hotline)
Qatar	Nextcare, 6 <sup>th</sup> Floor – Office 604D A1 Jaidah square, Business centre 63, Airport Road, Umm Ghuwailina	+96899254635 (Hotline) +9715515173232	+97440318600 (Claim Handling Hotline)
Bahrain	Next Care, Capital Plus Tower 13 floor, Office No. 131 & 132, Building 79 Road 2802, Block 428, A1 Seef District	+96899254635 (Hotline) +9715515173232 (Whatsapp Hotline)	Riju Kurien <a href="mailto:riju.kurien@bh.rsagroup.com">riju.kurien@bh.rsagroup.com</a> +97333215404 +97317382721 (Claim Handling Hotline)
Kingdom of Saudi Arabia	Next care, A1 Rabia&Nassar Bldg. 102 King Abdallah Road	+96899254635 (Hotline) +9715515173232 (Whatsapp Hotline)	+966138988910 (Claim Handling Hotline)
Lebanon	Next care, Father NaamatallahKahali street Saloumi, Sin ElFil, Beirut, Lebanon	+96899254635 (Hotline) +9715515173232 (Whatsapp Hotline)	Thamarai Selvan +96824730840 <a href="mailto:thamarais@nlicgulf.com">thamarais@nlicgulf.com</a> +9611504030 (Claim Handling Hotline)

#### **Representative in Sri Lanka**

Mr. Shane Peter -077 0890442

## 2.2.The Minimum Benefits package of the Insurance Scheme& Required documents for claims

S/No.	Coverage	Benefit US \$	Required documents for claims
01	Death (due to any cause)	15,000	Death Certificate, Medical Report
02	Permanent total disability (accident)	15,000	Medical report
03	Permanent partial disability (accident)	10,000	Medical report
04	Temporarily disabilities	5,000	Medical report
05	Medical Expenses due to Accident (In - patient including emergency and out-patient treatment administered within the hospital) per person per annum	3,000	Medical report
06	In-patient and out-patient treatment terminal diseases	3,000	Medical report
07	ICU treatment	5,000	Medical report
08	Repatriation due to harassment (Physical, Sexual, Mental)	Actual costs	<ol style="list-style-type: none"> <li>1. Immigration exit stamp</li> <li>2. Visa cancellation</li> <li>3. Copy of the medical fitness report (fail medical exam) and / or Report detailing the reasons of inability to perform tasks. i.e. pregnancy complications ,sickness, etc.</li> <li>4. Invoices for cost of hiring</li> </ol>
09	Repatriation due to medical unfitness	Actual costs	
10	Repatriation due to unfitness due to accident	Actual costs	
11	Repatriation due to complications of pregnancy	Actual costs	
12	Repatriation through the respective Sri Lanka mission due to any reason	Actual costs (Under the discretion of the insurer)	<ol style="list-style-type: none"> <li>1. Emigration exit stamp</li> <li>2. Visa cancellation</li> <li>3. Complete report of the reason for repatriation</li> </ol>
13	Employment Assistance – Financial payment – Job loss – cost of transport home	Actual costs	<ol style="list-style-type: none"> <li>1. Emigration exit stamp</li> <li>2. Visa cancellation</li> <li>3. Invoices for cost of hiring</li> </ol>
14	Employment Assistance – Financial payment – Job loss –Safe House	10 \$ per day for 90 days	
15	Legal Expenses towards non insurance related cases like nonpayment of salary, physical harassment or abuse, sexual harassment or abuse, breach of employment contract by the employer etc. of an insured member	Actual costs	Invoices for legal expenses paid

16	Repatriation of Human Remains	Actual costs	<ol style="list-style-type: none"> <li>1. Death certificate</li> <li>2. Police Report stating cause of death</li> <li>3. Invoices for cost of hiring</li> </ol>

### 2.3. Additional Coverage

S/No.	Coverage	Benefit US \$	Required documents for claims
01	Emergency evacuation due to civil unrest/ future epidemic	500	Immigration exit stamp, Visa copy
02	Funeral Expenses	1000	Death certificate, Medical report
03	Death of a Dependent	1000	Medical Report
04	Air ticket to travel due to a death of a dependent	Actual costs	Death certificate, Medical report