



**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 .....

Relationship .....Date 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):

.....

**MEDICAL EXPENSES (Accident / Serious Illness)**

1. Date & Time of Accident / Serious Illness .....AM/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**

CLAIM NO : Gross Claim Amount :

POLICY NO. : Net Claim Amount :

I/We the undersigned,

do hereby declare and acknowledge receipt from M/s. UNION INSURANCE COMPANY PJSC the sum of \_\_\_\_\_ in full and final settlement of the claim

DATE:

SIGNATURE & STAMP OF THE INSURED

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

### 3. Union Insurance Company P.J.S.C

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

Country	Office address	Contact Number	Insurance Coordinator
Oman	P.O.Box. 1882	+968-24853965	Gokulnath Sundaram Oman_SLFBE@unioninsurance.ae
UAE	POB 119227	+ 97143787777	Usman Khadmi UAE_SLFBE@unioninsurance.ae
State of Kuwait	P.O.Box 25137	+96522064412	Jobin Thomas KWT_SLFBE@unioninsurance.ae
Qatar	POB 11068	+ 97477364264	Subhash R QTR_SLFBE@unioninsurance.ae
Bahrain	POB 843	+97317587444	Mohammed Al Maraj BHD_SLFBE@unioninsurance.ae
Kingdom of Saudi Arabia	P.O.Box 1022	+966563112547	Nanda Kumar KSA_SLFBE@unioninsurance.ae
Lebanon	POB 112172	+9613654886	Pierre Yousuf <a href="mailto:LBN_SLFBE@unioninsurance.ae">LBN_SLFBE@unioninsurance.ae</a>
Jordan	POB 1802	+96265004100	Issa Smairat JDN_SLFBE@unioninsurance.ae

**Representative in Sri Lanka**

Mr. Rukshan - 077 3186484

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

S/No.	Coverage	Benefit (USD)	Required documents for claims
01	Death (due to any cause)	15,000	<ul style="list-style-type: none"> <li>• Death Certificate – Ministry of Health duly attested by the Ministry of Social Affairs, Embassy of Country if death occurs in country of employment.</li> <li>• Copy of Identity card issued by country of employment government &amp; Copy of passport duly canceled by the issuing authority.</li> <li>• Post mortem report</li> </ul>
02	Permanent total disability due to (accident)	15,000	<ul style="list-style-type: none"> <li>•Request</li> <li>•Certificate of the disability percentage -Medical Council</li> <li>•Police Report</li> <li>•Copy of the Passport</li> </ul>
03	Permanent partial disability due to (accident)	10,000	<ul style="list-style-type: none"> <li>•Request</li> <li>•Medical Report</li> <li>•Certificate of the disability percentage –Medical Council</li> <li>•Police Report</li> <li>•Copy of the Passport</li> </ul>
04	Temporarily disabilities	5,000	
05	Medical Expenses due to Accident (In -patient including emergency and out-patient treatment administrated within the hospital) per person per annum	3,000	<ul style="list-style-type: none"> <li>•Medical Report</li> <li>•Consultant Form</li> <li>•Original receipts and invoice</li> <li>•Copy of the diagnostic report</li> <li>•Copy of the Passport</li> </ul>
06	Serious illness (pre-detected)	3,000	
07	Residential – ICU treatment due to COVID or any other pandemic situation	5,000	
08	Repatriation due to harassments (physical, sexual, mental)	Actual cost of repatriation to Sri Lanka including cost of medical personnel	
09 (i)	Repatriation due to medical unfitness	Actual cost of repatriation to Sri Lanka including cost of medical personnel	
09 (ii)	Repatriation due to any pandemic situation		
10	Repatriation due to pregnancy	Actual cost of repatriation to Sri Lanka	
11 (i)	Repatriation due to Premature termination of contract by Employer in case of Bankruptcy, closure of Company	Actual cost of repatriation to Sri Lanka	
11 (ii)	Repatriation through the respective Sri Lanka mission due to any reason.	Actual cost of repatriate Sri Lanka	
12	Legal expenses towards non-insurance related cases like non-payment of Salary, Physical harassment or abuse, sexual harassment or abuse, breach of employment contract by the employer etc. of an insured member.	Actual Cost per case	
13	Repatriation of Human Remains	Actual cost of repatriation to Sri Lanka including mortuary and embalm charge incurred in the	

		country of employment	
14	If the worker (Sri Lankan) sheltered in a safe house due to any reason	10 USD per day. Per person for basis needs	

### 3.3. Additional Benefits

- **Note** – Additional Benefits and Amendments as per Addendum - 1

#### Addendum 1

“Serious illness” is a health condition or quality of life that carries a high risk of mortality and either negatively impacts a person’s daily function. Such as:

#### **i cardiac surgical expenses related to**

1. Heart Attack – (Myocardial Refraction)
2. Coronary artery disease
3. Stroke (Cerebra Vascular Accident)

#### **ii Surgical operations including,**

- i. Cancer
- ii. Renal Failure,
- iii. Major Organ Transplant, such as lung or bone marrow;
- iv. Paralysis,
- v. Multiple Sclerosis
- vi. Primary Pulmonary Arterial Hypertension
- vii. Fulminate Hepatitis

OR any other illness, excluding those mentioned above, which is certified by a specialist Doctor on the particular area who is registered under the Medical Authority of particular country to be a serious illness.

★★ If a women is detected positive for pregnancy test after the departure from Sri Lanka and if there is a need for repatriation.