

Policy Details

Policy Number

Insured ID (as in Policy Listing):

Important: This form must be filled and signed by the policyholder

Insured Person Details

First Name

Type of ID

Middle Name

ID/Passport Number

Family Name

Nationality

Gender

Date of Birth

Cause of Critical Illness details

Date of Diagnosis

Basic Salary

Salary Currency

Gross salary

Was the insured person actively at work at the time of Critical Illness?

Yes

No

Required Documents

Medical/hospitalization report from licensed medical practitioner with detailed diagnosis of Critical Illness, including date of onset of ailment/
accident that led to the Critical Illness

Medical Attendant Questionnaire (On HAYAH format)

Police Report (If Critical Illness was due to an Accident)

IF Critical Illness was confirmed overseas, then Medical report must be attested by the relevant Embassy in the UAE, Or provide another Medical Report from the UAE, and provide copy of approved leave

Clear copy of **National Identity** document or **Passport with residence visa page** for the Insured Person

Please note that the Company might request further documents as deem necessary

Policyholder Name

Broker

Country

Date

Policyholder Stamp & Signature