

### Personal Loan Protect Pro Insurance – Claim Form

Insured Borrower Name: \_\_\_\_\_

Load Id Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

Principal Loan AED: \_\_\_\_\_ Outstanding Loan AED: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Name of claimant: \_\_\_\_\_

Relationship to the Insured Borrower: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Benefit Details: (Please tick ( ) as applicable)**

- (a) Natural Death ( )  
(b) Accidental Death ( )  
(c) Permanent Total Disablement due to Accident ( )

**Accident:**

1 .Circumstances of the Accident and Date: \_\_\_\_\_

2 .Did you report the Accident to the Local Police Yes No: \_\_\_\_\_

3 .Date of Report: \_\_\_\_\_

**Sickness:**

1 .Nature of Sickness Diagnosed and Date: \_\_\_\_\_

2 .Name of Doctor and Hospital: \_\_\_\_\_

**Other Insurance: Please Complete this section in full to avoid delaying your Claim Settlement**

Do you have any other insurance that will cover this loss: YES  NO

If yes, please give the name and address of your Insurer:

\_\_\_\_\_

**Declaration:**

I declare to the best of my knowledge and belief that the above statements are true. I understand that if I have provided any information that is not true, my claim will not be covered, and I may suffer consequences thereafter.

Signed: \_\_\_\_\_ Date \_\_\_\_\_ :

For assistance, please contact ADNIC on 8008040