

CLAIM FORM FOR GROUP CREDIT (BANK BORROWERS) SCHEME

GROUP TERM ASSURANCE FOR DEATH BY ANY CAUSE & PERMANENT TOTAL DISABILITY

THE ISSUE OF THIS FORM SHOULD NOT BE TAKEN AS AN ADMISSION OF LIABILITY

(Note: Insurance Company is entitled to call for additional proof or information as may be necessary)

CLAIMANT : Group Credit Life Scheme Policy No : _____

Name of the Bank _____ **Branch** _____

Address _____

Phone _____ **Fax** _____ **E-Mail** _____

Name of Life assured _____ **I.D. No:** _____

Age _____ **(at death)** _____ **Date of Birth** _____

Place of work _____ **Staff No.** _____ **Designation** _____

Loan Particulars :

Loan / Claim Amount (OMR) _____

Period of this loan is from _____ **to** _____

Maximum age allowed _____ **Maximum term allowed** _____

Type of Claim :

1. Death of Life Assured (tick here)

2. Permanent Total Disability (tick here)

Details of Death / Accident / Disability

Date of death or Accident or Disability _____

Place of Death / Accident _____

Cause of Death / Accident / Disability _____

Details and duration of medical treatment :

Hospital _____

Admitted from _____ **to** _____

Details of Permanent Total Disability _____

Percentage of Disability _____

DETAILS OF LOAN :

	Sanctioned On Date	Amount of Loan RO	Monthly installments		Balance Outstanding RO
			No. of months	Paid up to	
1. Original Loan :					
2. Top – up :					
3. Top – up :					

Please enclose the copies of the following documents. All copies must be attested by the Bank Manager with the identity number and the Bank seal.

	Dated	Issued by
1. Death / Disability Certificate		
2. Age proof (ID card / passport)		
3. Medical reports of last illness/accident		
4. Disability Assessment Certificate by medical board		
5. Police Report for Accident Cases		
6. Loan Application		
7. Loan sanction / approval order		
8. Statement of loan account showing O/s Balances (from date of granting to date of event)		
9. Copy of SB / Current Account showing date of withdrawal of Loan		

WE HEREBY CERTIFY THAT THE STATEMENTS MADE ABOVE ARE TRUE TO THE BEST OF OUR KNOWLEDGE. WE CONFIRM THAT THE ORIGINAL DEATH CERTIFICATE, AGE PROOF AND LOAN RECORDS HAVE BEEN VERIFIED AND FOUND TO BE GENUINE AND CORRECT IN ALL RESPECTS.

Date:
Office Seal:

Authorized Signatory of Grantee / Insured
(with Name & Designation)

National Life Insurance Company SAOC
P.O. Box: 798, Postal Code 117, Wadi Kabir,
Sultanate Oman
Tel.:(968) 24793666 Fax: (968) 24795222
e-mail: [natlife@nlicgulf.com](mailto:natlif@nlicgulf.com)
Web: www.nlicgulf.com
C.R No.: 1/48787/6 – ICR No. 23



الشركة الوطنية العمانية للتأمين على الحياة ش.م.ع.م.
ص.ب 798، الرمز البريدي 117، الوادي الكبير، سلطنة عمان
هاتف: (968)24793666 ، فاكس: (968)24795222
[natlife@nlicgulf.com](mailto:natlif@nlicgulf.com) البريد الإلكتروني:
www.nlicgulf.com الموقع :
س.ت: 1/48787/6 - رقم التأمين: 23