



عمان للتأمين
Oman Insurance



PRIVILEGE HOME

Claim Form

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. This (claim) form is not an admission of any liability. To ensure fast and accurate processing, kindly fill out this claim form in full. This form has been simplified and all fields are compulsory. Thank you for your cooperation.

1. Policy Details	
Policyholder First Name	<input type="text"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>
Policyholder Last Name	<input type="text"/>
Policy Number	Expiry Date <input type="text"/>
Emirates ID	<input type="text"/>
Contact Numbers	Telephone: <input type="text"/> Mobile: <input type="text"/>
Email	<input type="text"/>

2. Incident Details	
Date of Incident	<input type="text"/>
Where	At Home <input type="checkbox"/> Abroad <input type="checkbox"/> Outside home but within premises <input type="checkbox"/> In Transit <input type="checkbox"/>
Type of Claim	Accidental Damage <input type="checkbox"/> Theft <input type="checkbox"/> Injury <input type="checkbox"/> Fire <input type="checkbox"/> Water Damage <input type="checkbox"/> In Transit <input type="checkbox"/>
Please provide a brief description of the incident and the extent of damage	<input type="text"/>
In case of Theft, please attach the police report	
Was the property occupied when the theft occurred	Yes <input type="checkbox"/> No <input type="checkbox"/>
In case of Injury, please attach the medical report	
Was the incident reported to local authorities - Police Station?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify to which Police Station	<input type="text"/>
Is there any other insurance policy covering the same damaged/stolen property	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which company and what cover	<input type="text"/>
Policy Number	<input type="text"/>

