

BENEFICIARY'S DEATH CLAIM FORM

TO GET FAST SERVICE, GO BY THE FOLLOWING STEPS:

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|---|---|
| 1. List all Policy Number you are holding with OIC. | 4. Attach copies of all policies held with OIC. |
| 2. Answer all Questions herebelow. | 5. Attach certified copy of Death Certificate. |
| 3. Sign the Authorization at the bottom of this page. | 6. Return everything to the above address. |

List all OIC Policy Numbers _____

Full Name of the Deceased _____ Sex _____

Maiden's name (for married female) _____

Address of the Deceased _____
(Street) (City) (State)

Date of Death: Month ____ Day ____ Year ____ Date of Birth: Month ____ Day ____ Year ____

From where did you get this Date of Birth (Passport, Birth Certificate ... etc.)? _____

1. Give the following information about each beneficiary of this policy:

| <u>Name</u> | <u>Date of Birth</u> | <u>Address</u> | <u>Relationship</u> |
|-------------|----------------------|----------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. Show date on which the Deceased first saw a doctor for the condition that caused death: _____

Was Death: Due to illness or accident? _____ During or outside work Hours? _____

If accident, give full details below and attach newspaper clippings: _____

3. Name & Address of family doctor: _____

4. Names & Addresses of all doctors who attended or treated the Deceased in the past 5 years:

5. Names & Addresses of all hospitals to Deceased was ever treated at or admitted to (show dates):

6. Other companies where the deceased was holding life/medical insurance? Give names, amounts & policy Nos.

AUTHORIZATION: Policy Number _____ Deceased _____

I 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 OMAN INSURANCE CO. PSC, 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 _____ Authorized Signatory & Company Stamp _____

Address _____