GROUP INSURANCE CLAIM FORM

GROUP POLICY NO. :.......................................

A: INSURED EMPLOYEE'S STATEMENT:

1. FULL NAME IN BLOCK LETTERS.. DATE OF BIRTH…............... MONTHLY BASIC SALARY.............…........

2. DESIGNATION........................... NATURE OF DUTIES.......................... DATE & TIME OF ACCIDENT/SICKNESS.................2009......…....AM/PM

3. WHERE & HOW DID THE ACCIDENT OCCUR? **(in case of accident)**………... GIVE FULL DESCRIPTION:...

4. GIVE NAME & ADDRESS OF EYE WITNESS **(in case of accident)** ....

5. REGIONS INJURED **(in case of accident)**:
   NATURE & EXTENT OF DISMEMBERMENT...
   (ENCLOSE CERTIFICATES/REPORTS)..

6. NATURE OF SICKNESS **(in case of sickness)** ....…......…...............................…......................

7. DESCRIBE FULLY THE INJURIES / SICKNESS...

8. GIVE NAME & ADDRESS OF THE PHYSICIAN/SURGEON..
   WHO FIRST ATTENDED YOU...

9. ARE YOU STILL UNDER HIS CARE?..
   IF NOT, GIVE PARTICULARS OF THE ....
   DOCTOR NOW IN ATTENDANCE...

10. ON WHAT DATE DID YOU STOP PERFORMING ALL OF YOUR OCCUPATIONAL DUTIES....................................... WHEN DID YOU RESUME PART OF YOUR OCCUPATIONAL DUTIES?..

DATED AT.......................................THIS ....…..........DAY OF................................2009.

....
SIGNATURE OF EMPLOYEE

B: POLICY OWNER'S STATEMENT:

1. EMPLOYEE APPEARING AT PAGE/SERIAL NO. ON THE LIST SUPPLIED TO OMAN INSURANCE — PAGE NO...................... SERIAL NO.................. DATE OF HIS APPOINTMENT.................

2. ARE YOU SATISFIED WITH THE EMPLOYEE'S ABOVE STATEMENT?...
   IF NOT, PLEASE STATE THE FACT...

3. PERIOD OF EMPLOYEE'S ABSENCE FROM HIS DUTIES ON ACCOUNT OF THIS ACCIDENT/ SICKNESS
   a) GIVE FULL PERIOD : FROM......................TO.....................
   b) WITH PAY : FROM......................TO.....................
   c) WITHOUT PAY : FROM......................TO.....................

DATED AT..................................THIS...................…................. DAY OF......................................2009.

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SIGNATURE & SEAL OF POLICY OWNER