

HOME UMBRELLA

CLAIM FORM

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		
1. Policyholder First Name	<input type="text"/>	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.
2. Policyholder Last Name	<input type="text"/>	
3. Policy Number	Expiry Date	(dd/mm/yyyy):
4. Emirates ID	784-	
5. Contact Numbers	Mobile:	Tel:
6. Email	<input type="text"/>	

2. Incident Details		
1. Date of Incident	<input type="text" value="(dd/mm/yyyy)"/>	
2. Where	<input type="checkbox"/> At Home	<input type="checkbox"/> Abroad
	<input type="checkbox"/> Outside home but within premises	<input type="checkbox"/> In Transit
3. Type of Claim	<input type="checkbox"/> Accidental Damage	<input type="checkbox"/> Theft
	<input type="checkbox"/> Fire	<input type="checkbox"/> Water Damage
		<input type="checkbox"/> Injury
		<input type="checkbox"/> Other (please specify)
4. Please provide a brief description of the incident and the extent of damage:	<input type="text"/>	



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2. Incident Details (continued)

5. In case of Theft, please attach the police report

Was the property occupied when the theft occurred Yes No

6. In case of Injury, please attach the medical report

Was the incident reported to local authorities – police station? Yes No

7. If yes, please specify to which police station

8. Is there any other insurance policy covering the same damaged/stolen property

Yes No

9. If yes, which company and what cover

10. Policy Number

3. Bank Details

1. Beneficiary Name

2. Bank Name

3. Branch

4. IBAN Number



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4. Additional Information

Please provide more clarity about properties stolen and/or damaged and for which you are filing this claim

Sr. No.	Describe the property Damaged/stolen	Date and Place of Purchase	Price paid (AED)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Total Amount Claimed (AED)			



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5. Policyholder Declaration

I/we declare the above particulars are to be true and correct and shall make me eligible to make a claim under the terms of this policy with Sukoon Insurance PJSC (hereinafter referred to as "Sukoon"). I/We agree that any information collected or held by Sukoon (whether contained in application or obtained otherwise) may be used to disclosed by Sukoon to its associated individuals/companies or any independent Third Parties (within or outside UAE), other insurers, regulators, public and private bodies (including Police) for any matters related to this Claim and to provide advice or information concerning claim assessments and other services aiming to prevent fraud, which Sukoon believes may be of interests to the Proposer and to handle this claim. I also understand that if any information provided by me is found to be deliberately misleading or incorrect, this claim may be rejected, and my Policy may be treated as invalid. In such circumstances, I also understand that I will have to repay any benefit that I have received to date and that legal action could be taken against me.

Date

Policyholder's Signature