

# Takaful Oman Insurance SAOG

PO Box 207, Post Code: 134, Sultanate of Oman

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## WC - LIFE

## CLAIM FORM

(The insurer does not admit liability by the issue of this claim form)

Policy No : \_\_\_\_\_

Name of Employer : \_\_\_\_\_

Nature of Business : \_\_\_\_\_ Address: \_\_\_\_\_

Name Of Injured : \_\_\_\_\_ Job Title: \_\_\_\_\_

Nationality : \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Married/Single : \_\_\_\_\_ GSM No: \_\_\_\_\_

Gross Salary : R.O \_\_\_\_\_ Per Month & Basic Salary: R.O Per month \_\_\_\_\_

Date of joining the employment with the co:- \_\_\_\_\_

Date of Accident : \_\_\_\_\_

How exactly did the accident occur? \_\_\_\_\_

On what work was injured person engaged at the time of accident? \_\_\_\_\_

Name, Address & GSM of Witness: \_\_\_\_\_

Dates of absent from work due to the said accident: \_\_\_\_\_

Has employee returned to work: \_\_\_\_\_ If yes, date: \_\_\_\_\_

Others remarks: \_\_\_\_\_



