

## WORKMEN'S COMPENSATION CLAIM FORM

This Claim form is issued without prejudice and admission of any liabilities subject to the terms, conditions, and warranties of the Takaful certificate issued to and held by the Insured. Each of these Questions must be answered completely

### 1. Takaful Details

Name of Insured:

Full address:

Telephone no:

Email:

Policy No:

### 2. Location Details

Name of the Contact Person:

Email:

Mobile No:

Location :

Is the worker under your direct employment?

Yes

No

if not please provide the name, contact details and address of direct employer:

### 3. Loss Details

Date of Accident:

Time:

Place:

Date you were informed of accident:

Please provide detailed information of the accident:

Please provide name(s) of persons who witnessed the accident:

State the name of the hospital / clinic where the injured worker received treatment:

If hospitalized, please state whether still in hospital or when discharged is follow-up treatment required

Has the worker returned to work? (if so, state the date of return)

State the period of leave taken

#### 5.Claim Required Documents

1. Medical bills – consultation and treatment (original)	2. Pharmacy Bills supported by Prescriptions (Original)
3. Sick Leave Certificates (approved by the Ministry of Health)	4. 03 months' salary slips prior to the Date of Accident
5. Employment contract (Copy)	6. Discharge summary from hospital (In case of inpatient)
7. Passport copy with Visa page	8. Medical report stating disability percentage (In case of disability)
9. Police Report (If Applicable)	10. Death Certificate (In case of Death)

#### 5.Participant's Declaration

I/We hereby declare that the above is a full, true and accurate statement, and I/We further declare that the loss/Damage mentioned above, which belongs to me/us and which is covered under the above mentioned Takaful Certificate or Takaful Certificates, was destroyed or damaged as aforesaid according to the extent and values stated. Also, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

\_\_\_\_\_  
Signature :

\_\_\_\_\_  
Company Stamp :

\_\_\_\_\_  
Date :