Credit Shield Pro – Claim Form

Cardholder Name: _____

Card Number: _____

Cardholder's date of birth: _____/_____/_____ (dd/mm/yyyy)

Type of Card : Silver ☐ Classic ☐ Gold ☐ Platinum ☐ Infinite ☐

Credit Limit AED: _____ **Outstanding Limit AED:** _____

Name of claimant: _____

Relationship to the Cardholder: _____

Tel No: _____ **Mobile:** _____

E-mail: _____

Benefit Details: (Please tick ( ) as applicable)

(a) Accidental Death	( )
(b) Permanent Total Disablement due to Accident	( )
(c) Critical Illness	( )
(d) Involuntary Loss of Employment	( )
(e) In-Hospital Cash Benefit	( )

Accident:

1 .Circumstances of the Accident and Date: _____

2 .Did you report the Accident to the Local Police Yes No: _____

3 .Date of Report: _____

Involuntary Loss of Employment:

1 .Name of Employer: _____

2 .Date of Notice of Termination_____ .

3 .Occupation. _____ 4. Designation_____ .

5 .Last Salary Drawn_____ .

6 .Do you plan to exit the country in the next 2 months:____If yes, please provide tentative date of exit_____

Other Insurance: Please Complete this section in full to avoid delaying your Claim Settlement

Do you have any other insurance that will cover this loss: YES ☐ NO ☐
If yes, please give the name and address of your Insurer:

_____

_____

Declaration:
I declare to the best of my knowledge and belief that the above statements are true. I understand that if I have provided any information that is not true, my claim will not be covered, and I may suffer consequences thereafter.

Signed: _____Date_____:

For assistance, please contact ADNIC on +971 2 408 0551