

**BANK MUSCAT – CREDIT CARD TRAVEL ACCIDENT CLAIM FORM**

**IMPORTANT NOTICE**

Complete the claim form and submit along with the claim documents (“as shown below”) to Takaful Oman Insurance SAOG

**Contact Information –**

Takaful Oman Insurance SAOG  
P.O. BOX 207,  
Postal Code 134,  
Bareeq Al Shatti,  
Sultanate of Oman

Contact Centre -  
Working Hours: Sun – Thu 8.00 hrs to 16.00hrs.

**Disclaimer**

This Takaful Policy is underwritten by Takaful Oman Insurance SAOG. Bank Muscat SAOG is not responsible for Takaful Oman Insurance SAOG actions or decisions nor shall Bank Muscat be liable regarding payment of claims, under the Takaful policy.

**1. Covered Person Details:**

Name :  
Sex : Male / Female  
Date of Birth :  
Address :  
Contact Details : Tel :  
: Mobile :  
Credit Card No :  
Date of Issue :\_\_ /\_\_ /\_\_\_\_ Valid Through: \_\_/ \_\_/ \_\_\_\_

**2. Journey Details:**

Itinerary : Period: \_\_\_\_\_ Place(s) visited:  
Departure : Date: \_\_ /\_\_ /\_\_\_\_ Time: \_\_\_\_\_AM/PM Flight No: \_\_\_\_\_ Airport: \_\_\_\_\_  
Destination : Airport: \_\_\_\_\_ Date: \_\_ /\_\_ /\_\_\_\_ Time: \_\_\_\_\_AM/PM  
:  
: Tel :  
: Mobile :

### 3. Claim Details:

#### a. Nature of Claim: (Please tick whichever is applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> Death                                      | <input type="checkbox"/> Permanent Total Disablement                   |
| <input type="checkbox"/> Dismemberment                              | <input type="checkbox"/> Emergency medical evacuation                  |
| <input type="checkbox"/> Emergency Medical                          | <input type="checkbox"/> Emergency dental expenses                     |
| <input type="checkbox"/> Hospital Cash Benefit                      | <input type="checkbox"/> Cancellation / Curtailment                    |
| <input type="checkbox"/> Travel Delay                               | <input type="checkbox"/> Delayed Baggage                               |
| <input type="checkbox"/> Loss of Personal Baggage                   | <input type="checkbox"/> Loss of Personal Baggage                      |
| <input type="checkbox"/> Loss of Personal Money                     | <input type="checkbox"/> Loss of travel document and passport Passport |
| <input type="checkbox"/> Personal Liability                         | <input type="checkbox"/> Legal Expenses                                |
| <input type="checkbox"/> Car rental Cover (Including excess waiver) | <input type="checkbox"/> Purchase Protection                           |

Date of Event : \_\_ / \_\_ / \_\_\_\_

Description of Event :  
(Please use separate sheet if required)

#### b. Amount Claimed:

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### 4. Other Policies:

- a. Do you have any other travel policy taken separately or provided by any other source?

If yes, please provide the full details:

- b. Have you lodged any claim with other Insurers or providers of travel cover benefit?

- c. If yes, please provide the full details:
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### 5. Notification to Linkham Assist

- a. Have you notified our Assistance Co., Linkham Assist about the loss or event?

If yes, please provide the acknowledgement / confirmation / authorisation number given by them along with the date of notification.

- b. Have you received any advance from the Linkham Assist ?

If yes, please give the amount of advance and the date of receipt of the same.

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## 6. Purchase Protection Claims

### Covered Person Details:

Name : \_\_\_\_\_

Date of Birth: *dd/mm/yyyy*

Sex:  Male/  Female

Address : \_\_\_\_\_  
\_\_\_\_\_

Account No: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

### Claim Details:

Type of Claim :

Date of Event :

Description of the Event :

## 7. Authorisation Declarations and Documentation:

**Authorisation:** I hereby authorise any physician, hospital, Takaful provider, Medical Information Bureau or other Organisation or person to provide any records, data or information holding on my behalf as may be requested by Takaful Oman Insurance SAOG or their duly authorised representative. I understand that in executing this authorisation, I waive the right for such information to be privileged. A photocopy of this authorisation shall be considered as effective and valid as the original.

**Declaration:** I hereby declare that the information provided hereunder is true & correct and understand that any wrong information provided is likely to render my claim paid / payable void & recoverable from me.

**Documentation :** I confirm that the documents ticked below are enclosed herewith. Further I declare that the documents are true copies of the originals, which are available with me for verification.

DATE: \_\_/\_\_/\_\_\_\_

Signed: \_\_\_\_\_

## 8. Enclosures: (Submit documents as may be applicable)

- Death Claims
  - Death Certificate
  - Police Report
- Permanent Total / Dismemberment Claims
  - Disability Certificate from an authorized medical practitioner to assess disability
  - Police Report
  - Medical Report with details of treatment given (if any)
- Emergency Medical Claims

- Detailed Medical report issued by the Doctor who had treated the Covered Person.
- Receipts or bills for in-patient/out-patient treatment or emergency dental treatment received.
- Invoice for Medicines purchased / facilities availed.
- Cash receipt given by the hospital.
- Proof of repatriation expenses if applicable.
- Cancellation & curtailment Claims
  - Death or medical certificate of Covered Person's close relative causing cancellation of trip.
  - Booking confirmation together with a cancellation invoice from the Covered Person's travel agency, tour operator or provider of transport/accommodation.
  - Unused travel tickets.
  - Receipts or bills for any costs, charges or expenses claimed for.
  - A letter from the commanding officer concerned, confirming cancellation of authorized leave or call up for operational reasons.
  - Any relevant information relating to the Covered Person's claim under this sections that the Company/Linkham Assist may ask for.
  - Copy of evidence of other reason (like SRCC or quarantine etc.), which causes cancellation of trip.
- Travel Delay Claims
  - A property Irregularity Report from the airline or shipping line or their handling agents stating the reason and period of delay.
  - All the necessary bills/invoices pertaining to the consumables purchased by the Covered Person for his emergency needs.
- Delayed Baggage Claims
  - Copy of written confirmation of Airlines or Shipping lines or their handling agents stating the reasons and period of delay in respect of delayed baggage.
  - All the necessary bills/invoices pertaining to the consumables purchased by the Covered Person for his emergency needs.
- Loss of Personal Baggage/Money Claims
  - Copy of written confirmation from carrier that baggage is "non-traceable" or "lost"
  - Report from the local Police within 24 hours in the country where the incident occurred for all loss, theft or attempted theft,
  - A Property Irregularity Report from the airline or a letter from the carrier or Airlines Shipping Lines or their handling agents where loss, theft or damage occurred in their custody.
  - An original receipt, proof of ownership of valuation for items lost, stolen or damaged.
- Loss of Passport Claims
  - Copy of notification given to the nearest Embassy
  - Written report from the Embassy
  - Police Report.
- Personal Liability Claims
  - Notice of claim lodged on the Covered Person by third party.
  - Copies of Correspondence exchanged between Covered Person and third party.
- Legal Expenses
  - A doctor's certificate in respect of accidental personal injury or death certificate in respect of accidental death.
  - Any independent witness statements.
  - Any available supporting documentary evidence (including photographs if possible).
- Car rental Cover (Including excess waiver)
  - Duties after Accident or Loss:
  - The Covered Person must notify the Company of any loss and must be told how, when and where the loss occurred
  - Additionally, the Covered Person must do the following:
    - Report the loss to the police;
    - Permit the under writers to inspect and appraise the damaged property before its repair or disposition;
    - Do what is reasonably necessary after loss at the underwriter's expenses to protect the Rental Automobile:
    - Submit a proof of loss as required

- Claim Form:
  - Upon receipt of a notice of loss, will furnish to the Covered Person the necessary forms for filing proof of loss.
- Proof of loss
  - A written proof of loss must be submitted to the Company within three (3) months after the date of loss. The Company's claim form must be completed and signed. All required documentation must be attached including a copy of the credit card charge slip, a copy of the full rental agreement, a copy of the accident or police report, a copy of the Automobile Rental Company's repair bill or estimate (if available) and a copy of the Covered Person personal motor insurance/takaful policy or a notarized statement that the Covered Person does not have any such insurance/takfaul. This requirement may be waived by "to be agreed".
- Purchase Protection
  - Copy of purchase invoice
  - Copy of Card payment slip/ eligible account statement
  - Copy of police report (if applicable)/or any other proof of loss
  - Copy of Repair estimate (if applicable)
  - Photographs of the damaged Covered Purchase (if applicable)
  - Any other document as requested by the Company

All documents as indicated above may be required to be produced in original (other than those surrendered to the authorities) for verification before the final settlement of claim.