

Protective Islami life Insurance Limited Head Office: H.R Complex (5th Floor), 100, Bir Uttam A.K Khandaker Road Mohakhali C/A, Dhaka-1212

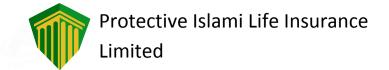
INSURANCE

Application Form for Disability Benefit Claim — Claimants Statement -Form-DA (Personal Accident Benefit / Waiver of Premium / Pa or Rider Disability)

Notes/Guidelines

- This form is to be filled in by the person legally entitled for the policy money. All the answers must be clear & unambiguous.
- The benefit is payable subject to policy being in force on the date of event and also subject to fulfillment of all conditions/definitions as stated in the policy.
- > Submission of this form should not be construed as acceptance of claim.
- > Speedy and complete submission of documents would enable the company to expedite the claim processing.

Policy No:	Contact N	o of Life Assured:		
FOILLY INO.	Contact N	o of Life Assured.		
I. Information about the Life Assured				
1 a) Name of the Life Assured	b) (omplete Mailing Address		
c) Age at Claim				
2. Bank Details (Mandatory)-				
Name as per Bank Records				
Bank Name and Branch Bank Account No.:				
NID No				
II. Information about the Disability				
1. Date of Disability				
2. Diagnosis				
3. Nature of Disability-(Tick any one) Permanent Temporary				
4. Extent of Disability-(Tick any one)				
5. Is the Life Assured capable of performing the following activities of daily living				
☐ Dressing ☐ Using the Toilet	☐ Walkin	g Feeding F	Him/Herself	
☐ Using Telephone ☐ Bathing ☐ Taking Medication				
6. Is the Life Assured capable of engaging in any gainful activity or carrying out any work, occupation, or profession to earn or				
obtain any wages, compensation, remuneration or profit				
III. Information about the Doctors consulted and Hospitals where treatment was taken:				
S.No Name of Doctor/ Hospital Con	ntact Numbe	r Date of First Consultation	on Treatment taken	



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iv. Information about the Accident (if applicable)			
1. Date of Accident			
2. Place of Accident:			
3. Name of Police Station (where Accident was reported):			
4. First Information Report (FIR) number	Date of FIR		
V. Declaration And Authorization			
declare that the statements any law, custom or convention, attending upon of examining who has attended upon or e acquired whether before or after the any of its offices, o Mandatory a person policy left easily made herein above physician or hospital from divulging any knowledge on the games.	th LTD., Signed Signature Signature unconnected " that do hereby or usage, for the time being information, acquired by him / them in xamined or treated me for any ailment which he / they may have r Court of Law. At (Place) on this Day of Life Assured of Witnesse are true and complete in all respects. In force prohibiting any ground of secrecy. I hereby authorize any doctor, physician or illness tate was issued by the Company, to the PROTECTIVE ISLAMI LIFE v.		
Signed at: (Place) on this	Day of Month Year:		
Signature of Life Assured:			
Signature of Witness-Mandatory			
Signature: Name: Address:	The form must be witnessed by any one of the following: (1) An Agent (2) Sales Manager / Branch Manager of the company (3) Block Development officer (4) A Bank Manager of a Nationalized bank with Rubber Stamp (5) An officer of the Company not below the rank of Manager (6) A Gazetted Officer (7) A Magistrate.		
Declaration in case of an illiterate Claimant where his/her lift thumbs impression should be made by a person of standing unconnected with the company and whose identity can be easily established. "I hereby certify that the contents of above form are explained by me in the Language understood by the Claimant and that he/she has affixed his/her thumb impression to this form after fully understanding the contents thereof." (Full Signature of the Witness)			
1. Name of Agent:	Agent Code:		
	SM Code:		
VI Documents to be submitted along with this form			

- 1. Attending Physician's Statement (Form TD).
- 2. Medical Records with dates- Admission notes, Discharge Summary/Card, Procedure /Surgery notes, all medical test reports, Prescriptions, consultation notes, previous medical records and other insurance documents etc.
- 3. FIR/Police Report /Inquest Report (only in case of accident).
- 4. Copy of driving license (only in case of Road Traffic Accident for Driver).

NOTICE: Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead the Company or other person, may be guilty of felony or subject to other criminal and/or civil penalties as the case may be under the applicable law(s) of the Bangladesh Government.