



Protective Islami Life Insurance Limited

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 No of Life Assured:

I. Information about the Life Assured	
1 a) Name of the Life Assured.....	b) Complete 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) Total Partial

5. Is the Life Assured capable of performing the following activities of daily living

Dressing Using the Toilet Walking Feeding 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	Contact Number	Date of First Consultation	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

INotwithstanding or hospital health LTD., Signed Signature Signature unconnected " that do hereby declare that the statements any law, custom or convention, or usage, for the time being information, acquired by him / them in attending upon of examining who has attended upon or examined or treated me for any ailment which he / they may have acquired whether before or after the any of its offices, or Court of Law. At (Place) on this Day of Life Assured of Witness-Mandatory a person policy left easily made herein above are true and complete in all respects. In force prohibiting any physician or hospital from divulging any knowledge on the ground of secrecy. I hereby authorize any doctor, physician or illness to divulge any knowledge or information regarding my state was issued by the Company, to the PROTECTIVE ISLAMI LIFE INSURANCE COMPANY LTD any of its offices, or Court of Law.

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:
2. Name of Sales Manager: SM Code:
3. Name of HR Manager/Department Head (For Group Life):

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.