MEDICAL TAKAFUL

CLAIM REIMBURSEMENT FORM

Note: Please Use BLOCK letters to fill this form and ensure that all sections are completed.

Part 1: Member Information

Member's full name (as printed on the card)	
Member's card number	
Date of birth	
Principal's full name (i.e. the employee)	
Principal's contact number	
Email address	

Part 2: Medical Information

(To be filled by the patient's medical practitioner)

Country of treatment

Provider's full name

Provider's contact number

Date when first symptoms first appeared

Physician's full name

Physician's contact number

Declaration

I declare that I am the patient's medical practitioner and that the particulars given are, to the best of my knowledge, true and complete.

Date	Physician's Signature and Official Stamp

Please provide details of diagnosis (primary and secondary) or symptom(s), and prescribed treatment(s) or investigation(s).

Symptoms

Diagnosis

Treatment/investigation

Patient's full name

Card number

Section 3: Claimed Invoices

Invoice number	Claimed amount	Currency	Invoice number	Claimed amount	Currency

Total claimed amount per currency

Section 4: Settlement (ensure that the Principal's bank details are provided)

Settlement Type:	Cheque ☐ Wire Transfer ☐
Bank name	
Account holder name	
Account number/IBAN	
SWIFT code	
Bank address	
Beneficiary address	

Note:
Please submit the claim documents as per the checklist published at our download center: www.sukoontakaful.com/download-center/.

In case of online submission, please retain the original documents as they are required to finalise your claim and release payment Prior approval is required for all non-emergency hospitalisations. Before admission, you are kindly required to e-mail a detailed medical report and cost estimate of the proposed treatment on official letterhead duly signed and stamped by the treating physician to customercare@ascanatakaful.ae

Cheques are issued in the name of the principal and are valid for 6 months from the date of issue.

For your convenience, bank account details can be shared to opt for a bank transfer.

For transfers within the UAE, fields (A), (B), and (C) are mandatory in Section 4. For transfers outside the U.A.E., please complete all fields in Section 4 above.

In case IBAN is not available in the destination country, please enter the bank account number in lieu of the IBAN.

Please note that transfers outside the UAE are subject to charges that may be applied by your bank.

Sukoon Takaful bears no liability for any incorrect bank account details provided above. Furthermore, any charges related to corrective action shall be deducted from the final settlement.

All Documents must be submitted in English or Arabic, and documents in other languages must be translated prior to submission.

Declaration

I, the undersigned, confirm that I am the patient (or the patient's spouse or guardian if the patient is under 18 years of age) and I wish to claim benefits and declare that all the particulars given above are, to the best of my knowledge and belief(s), true and correct. In addition, I hereby authorise and request any hospital, physician, and any other health provider to furnish Sukoon Takaful with the complete information, including copies of their records in connection with medical treatment and/ or other services provided to me or to my dependent. I also agree that a copy of this consent shall have the validity of the original.

Date	Signature of the Principal and/or Spouse