شركة أبوظبي الوطنية للتكافل ش.م.ع تكافل
Abu Dhabi National Takaful Co. P.S.C Takaful

REIMBURSEMENT CLAIM FORM

Membership Details Section
(To be completed by the beneficiary)

Company Name:	**Principle Name:**
Card Number:	**Patient Name:**
Amount Claimed:	**Date of birth /Sex:**
Date:	**Contact No.:**

DECLARATION

I hereby appoint the physician or the hospital as my representative to file this medical claim, for injury/sickness. I hereby certify that all answers and documents submitted with the claim form are complete and true, as I am fully aware that any person who intentionally makes any false and/or misleading statement and/or information to obtain reimbursement from TAKAFUL is subject to penalization. I hereby authorize any doctor, hospital clinic or medical provider, any insurance company or any other company, institution or any other person who have any record of information, about me and/or any of my family members to provide TAKAFUL or its authorized representative with the complete information, including copies of their records with reference to any sickness, accident, any treatment, examination, advice or hospitalization.

Patient name Signature Date Relationship to the card holder

…… ……. …….. ……. ……

Medical Provider's Section
(To be completed by the Treating Doctor)

Medical provider name:

……

Chief complaints / symptoms: If the case is chronic Yes ☐ No ☐

……

Diagnosis:

……

Treatment Details:

……

If related to pregnancy/Childbirth, the expected/Actual delivery date ……...……...

I declare that I have attended to this patient and the medical services shown in this form are/were medically indicated for his heath.

Doctor name and signature Stamp/Seal Date

…… …… …….....

Beneficiary requirements
(All documents should be duly filled and submitted with the Reimbursement Claim Form)

- Copy of TAKAFUL card.
- Original diagnostic reports stamped and signed by the treating doctor.
- Original itemized bill/invoices with date.
- Original prescription for medication given by the doctor
- Investigation results /reports like laboratory tests, x-rays, MRI, etc.
- For Inpatient (Hospitalization Cases) you should submit Medical report /Discharge summary stamped &signed by the treating doctor.
- For treatment availed outside the UAE, copy of the passport showing Exit & Re-entry to UAE or any other similar documents.
- All the documents including invoices and medical reports should be either English or Arabic .Documents in other languages must be translated by an official public translation prior to submission.
- Use separate form for each TAKAFUL member.

Please retain copies of receipts and documents enclosed with your claim, as TAKAFUL will not return the original documents.

Note: Reimbursement Claims must be submitted through HR Department within 15 days from the treatment date in UAE and 30 days for treatment outside UAE.

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