



### Administrative section

GIG Gulf reserves the right to request the original documents as part of processing your claims, so we strongly recommend that you retain the original documents with you for a minimum of 12 months after the date of treatment. Reimbursements will be processed in the currency your policy has been set-up in. All dependent claim reports will be directed to the contact details provided by the main member. A copy of these reports will also be sent to the main member as per the contact details provided by the Corporate Client. Please note that all reimbursement requests will be settled by bank transfer only.

Policy number:	Membership number:
Patient's name:	Patient gender:
*Patient's National ID number:	Patient's Passport number:
Patient's email address:	Mobile number:
Provider name:	Date of treatment:
Country of treatment:	Claimed value/currency:

*\*mandatory for all citizens and residents*



### Authorisation statement (Please note that GIG-Gulf reserves the right to deny the claim if this section is not filled and signed)

I, the patient /GIG Gulf card holder/ Parent Patient's (incase of minor)/ Patient's Legal guardian, hereby confirm that all details and information stated in this form and all documents submitted with the claim form are complete and true. I verify that the documentation submitted electronically is true and unaltered and I have all the original documents that can be presented upon request of GIG Gulf.

I hereby authorize any doctor, hospital, or medical provider, any insurance company or any other company, institution or any other person who has any record or information about me and/or any of my family members to provide GIG Gulf with the complete information, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization.

I subrogate all my rights in relation to this claim and fully authorize GIG Gulf, its representatives, affiliates to audit, review and copy all my medical records as well as details including any historical medical records regardless of the previous payer/insurer.  
I agree that any photocopy of this authorization shall be taken as the original copy.

Patient's name: \_\_\_\_\_ Patient's signature: \_\_\_\_\_

OR

Patient Parent's Name/ Patient's Legal Guardian's\*\* Name (incase of minor): \_\_\_\_\_

Parent's signature:	Legal guardian's signature:
*National ID no.:	Passport no.:

*\*\* A Legal Guardian is someone appointed by the court to manage the personal and financial affairs of another person.*

*\*mandatory for all citizens and residents*



### Medical section (To be filled by the Medical Practitioner)

Type of visit:                       Outpatient                       Inpatient                       Emergency                       Maternity                       Dental                       Optical

If pregnant, LMP (last menstrual period) date:	Nature of conception:
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Chief complaint: \_\_\_\_\_

History of present illness (please include duration, date of onset, and when the patient became aware of each condition): \_\_\_\_\_



## Medical section.... continued (To be filled by the Medical Practitioner)

Clinical findings/other conditions:

Past medical history:

Details of trauma - if applicable (when, where and how)

- Work related     RTA related (include a police report)     Sports related:
- Professional     Non professional

Diagnosis:

Treatment plan, recommended medications, investigations, and/or procedures:

I declare to be the doctor treating the patient and certify the accuracy of the information communicated and confirm that the particulars given are true to the best of my knowledge.

Doctor's name: \_\_\_\_\_ Doctor's signature: \_\_\_\_\_

Legal stamp: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_



## Are you ready to submit your claim?

### 1. The documents you need to submit:

- This claim form, duly filled and signed by you and the treating physician.
- Itemised tax invoice of the received treatment(s), where applicable.
- If you paid in cash > Invoice must carry a 'PAID' stamp
- If you paid by card > Submit your card payment slip or statement, along with the invoice

### 2. Where to submit your claim:

Please visit our [MyGIG Gulf app](#) or our [online portal](#) to submit your claim, track your claim status or upload any additional documents.



## Disclaimer

WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Penalties may include but not be restricted to denial of insurance benefits/cover, rendering the insurance contract void and/or legal action to be taken where deemed necessary.

If you have any questions regarding this form or any other aspects of the cover, please contact GIG on UAE +971 (4) 429 4000, Qatar +974 412 8733, Bahrain +973 (17) 582 612, Oman +968 800 70292, KSA +966 (1) 478 0282 quoting the policy and membership numbers. Claims must be submitted along with supporting documents within the period stipulated in your membership handbook.

### Gulf Insurance Group (Gulf) B.S.C. (c)

UAE: Registered in the Insurance Companies Register - Certificate no. (69) dated 22/01/2002.

Subject to the provisions of Federal Law no. (6) of 2007 concerning the establishment of Insurance Authority and Organisation of its work.

Bahrain: A company incorporated in the Kingdom of Bahrain (CR 22373) with an authorised and paid up capital of BD 15,000,000 and regulated by the Central Bank of Bahrain as a Bahraini insurance licensee.

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