

MEDICAL TAKAFUL

CLAIM REIMBURSEMENT FORM

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 symptom(s) first appeared

Physician's full name

Physician's contact number



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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

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

Symptoms

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Diagnosis

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Treatment/Investigation

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Patient's full name

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Card number

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Section 3: Claimed Invoices

Invoice number	Claimed amount	Currency	Invoice number	Claimed amount	Currency
Total claimed amount per currency					



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

Settlement type

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 in the Downloads section of our website:
www.sukoontakaful.com/downloads.

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 must send an email with the detailed medical report and cost estimate of the proposed treatment (on official letterhead duly signed and stamped by the treating physician) to customercare@sukoontakaful.com.

To opt for payout via bank transfer, please share your bank account details.

For transfers within the UAE, fields (A), (B), and (C) in Section 4 must be answered. For transfers outside the UAE, please complete all fields in Section 4 above.

In case IBAN is not available in the destination country, kindly provide your 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 PJSC (hereinafter referred to as "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 in either language prior to submission.



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Sukoon Takaful Data Privacy Notice and Data Subject's Consent

Sukoon Takaful respects your privacy and is committed to protecting it. Sukoon Takaful abides by Federal UAE Data Protection regulations as is applicable to Sukoon Takaful within UAE. Each applicant(s), proposer(s), participant(s), beneficiary(ies), insurance intermediary(ies), and person(s) contacting Sukoon Takaful for any purpose (altogether referred to as "Data Subject"/"you"/"your") hereby consent and authorise Sukoon Takaful to collect, use, store, maintain, transfer, disclose, and Process each Data Subject's personal data (which includes, but is not limited to, personal identification data, personal sensitive data, and personal health data as provided to and/or obtained by Sukoon Takaful) in accordance with Sukoon Takaful's Data Privacy Policy as published on www.sukoontakaful.com/privacy-policy ("Privacy Policy"), which each Data Subject confirms to have been notified and having read, consented to the same. The Data Subject confirms to have notified all other relevant Data Subject(s) about Sukoon Takaful's Privacy Policy and obtained their relevant consents prior to transferring any of their personal data to Sukoon Takaful.

Declaration

I, the undersigned, confirm that I am the patient (or their spouse or guardian, if the patient is under 18 years of age) and wish to claim benefits, and declare that all the particulars given above are - to the best of my knowledge and belief - true and correct. In addition, I hereby authorise and request any hospital, physician, and other healthcare 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 my dependent(s). I also agree that a copy of this consent shall hold the same validity as the original.

Date

Signature of the Principal, Spouse or Guardian

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