5.1 DISABILITY CLAIM FORM (Insured part)

CLAIM FOR THE DISABILITY BENEFIT

CUSTOMER'S DECLARATION Policy Number:

Insured's name:	ID Number.
Residence Address:	Telephones:
Work Address:	Telephones:

If disability is due to an illness or disease:

Commencement date of illness or disease:

Give details about the illness or disease:

If disability is due to an Accident:

Date of the Accident: Time of the Accident:

Give details of the Accident:

What treatment do you receive today?(surgical or not, medication or any other treatment)

Have you ever been treated in a hospital/ clinic for this incident or illness? If YES, when and where?

Give details of the treating doctors and the dates that treatment commenced:

Name/ Specialty	Address / Telephone	Date

Are you in bed? YES □ NO □ Are you house bounded? YES □ NO □

Do you need assistance to walk? YES □ NO □ Do you need assistance for your everyday needs? YES □ NO □

If any of the answers to the above questions is YES, please give details:

Do you drive a vehicle? YES □ NO □ (If NO explain)

Are you out of work? YES □ NO □

If YES, what keeps you away from your normal duties?

What keeps you away from any other work different from your work?

Have you or do you receive any other benefits for the same incident by any other insurance company or other organization?

TO PROCEED WITH THE EXAMINATION OF YOUR CLAIM, THE RESULTS OF LABORATORY TESTS SHOULD BE SUBMITTED

DECLARATION:
I hereby declare, knowing the consequences of the law, that all the above statements are true and complete. I authorize **Gan Direct Insurance Ltd** to ask and take by any doctor, medical institution and insurance company, information and reports in respect of my mental and physical condition.

Insured's Signature……Date……

Warning: All supporting documentation (originals) must be provided along with the claim forms

Supporting Documentation for disability claim

1. Claim Forms (Fully completed) (Within 12 months from the date of the accident or the manifestation of the disease)
2. Medical history/ Report of Doctors' Board
3. Photocopy of the Insured's Identity card
4. Report by the ministry of Labor and Social Security for the Disability, on which it is written analytically on what disability percentage, the insured's retirement is based.
5. Employer's Report