



4.1 DREAD DISEASE CLAIM FORM (Insured part)

DREAD DISEASE CLAIM FORM  
TO BE COMPLETED BY THE INSURED

Policy Number:

|  |                     |             |
|--|---------------------|-------------|
| Name of Insured:   |                     | I.D. No.    |
| Residence Address:   |                     | Telephones: |
| Work Address:  |                     | Telephones: |
| <b>Disease Details:</b>  |                     |             |
| Date of the Disease commencement:  |                     |             |
| Diagnosis:   |                     |             |
| First symptoms and when firstly appeared:  |                     |             |
| Did you ever receive any treatment in a Hospital/Clinic for this disease? If YES, When and Where?                |                     |             |
| Who are your treating doctors and since when do they treat you?  |                     |             |
| Name/Specialty   | Address/Telephone   | Date        |
|  |                     |             |
|  |                     |             |
|  |                     |             |
| Have you or do you receive other benefits for the same illness by other insurance company or other organization? |                     |             |
| <b>Laboratory Examinations and Results:</b>  |                     |             |
| Type of Examination  | Date of Examination | Results     |
|  |                     |             |
|  |                     |             |
|  |                     |             |
|  |                     |             |
|  |                     |             |

**TO PROCEED WITH THE EXAMINATION OF YOUR CLAIM, THE LABORATORY TEST RESULTS 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 dread disease claim**

1. Claim Forms (Fully completed) (Within 6 months from the date of the Diagnosis)
2. Medical Expert's Advice
3. Hospital's/ Clinic's advice if insured has been hospitalized
4. Laboratory tests or any other diagnostic examinations done, together with their outcomes
5. Medical history
6. Photocopy of the Medical booklet (If applicable)