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Household Insurance Claim Form

Please state as fully and accurately as possible the information asked for hereunder and fax or mail as below:

Primary Customer's Name (as in card account): _____

Address: _____

Tel. (Off): _____ Extn: _____ Fax: _____

Tel. (Res): _____ Mobile:( ) _____

Type of card (please select accordingly)

☐ Visa/MasterCard: ☐ Silver ☐ Gold ☐ Card No: | | | | | | | | | | | | | | | |

Details of item lost/damaged (please specify details of item lost or damaged)

No.	Description	Brand	Model Name / No.	Purchase Value	Purchase Date	Date & Place	Invoice No. & Date
1							
2							
3							
4							
5							

Please describe in detail how the item was lost/damaged (please attach a separate sheet if necessary)

_____

_____

_____

Please submit the following originals to your nearest Dubai First Branch:

☐ In case of loss / damage by fire / theft, please attach Civil Defense report /Police report

☐ Insurance Company as may be required will send a surveyor to assess if there is damage due to fire.

Please Note the Following:

- An excess charges of AED 1000 for Each Claim for Silver Card members shall apply
- An excess charges of AED 1500 for Each Claim for Gold Card members shall apply

I declare that I have read the terms and conditions of the Purchase Protection Insurance and that the statements and answer made by me in this form are true and correct in every respect.

Customer's Signature: _____ Date: ____/____/____ (DD / MM / YY)

Please fax this application to 04-506 8422

Terms and conditions apply.

For Dubai First use only:

☐☐ ☐☐☐ ☐☐☐☐☐☐

Remarks: _____

Name and Signature of Dubai First staff: _____

_____

Date : ____/____/____ (DD / MM / YY)

Insurance Company Use Only

Recommendation: _____

☐ Repairable ☐ Not Repairable ☐ Sent to Service Center

Date ____/____/____ (DD / MM / YY)

Signature of Dubai First staff: _____