Liva Insurance SAOC
PO Box: 16366, Al Qadisiya, PC No. 35854, Kuwait
Tel. +965 220 60719 | livainsurance.com.kw
Paid up capital OMR 14,000,000
CR No. 489625 | Insurance License No. FIC20200008, in accordance with Insurance law no. 125 of 2019 | Investment License No. 85/2023, Pursuant to Law No. (116) of 2013 regarding the promotion of Direct Investment in state of Kuwait and its Executive Regulations

ليفا للتأمين ش.م.ع.م
ص.ب: 16366. القادسية، الرمز البريدي 35854. الكويت
هاتف:60719 220 965+ | livainsurance.com.kw
رأس المال المدفوع14,000,000 ر.ع
قم السجل التجاري: 489625 | رقم ترخيص التأمين:FIC20200008 وفقًا لأحكام القانون رقم (125) لسنة2019 بشأن تنظيم التأمين | رقم ترخيص الاستثمار: 85/2023. استنادًا إلى القانون رقم (116) لسنة 2013 بشأن تشجيع الاستثمار المباشر في دولة الكويت ولائحته التنفيذية

LIFE & PERSONAL ACIDENT PLAN CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TAKEN AS ADMISSION OF LIABILITY

(Note: Additional information or Documents may be called for if necessary)

Name of Policy Holder			
Certificate Number		Period of Insurance:	to :
Name of the Life Assured			
ID/Passport Number:		Tel. No./ GSM	
Nationality.		Occupation	
Age / Date of Birth		Nature of Work	

Nature of Claim

☐ Death ☐ Accidental Death Benefit (ADB) ☐ Permanent Total Disability (PTD)

☐ Repatriation ☐ Permanent Partial Disability (PPD) ☐ Medical Expenses due to Accident

☐ Air Ticket Cash Grant for medically permanent disabled

Cause of Death / Disability (Give Details)			
Date of Event		Place of Event	
Date of Accident:		Cause of Accident:	
Nature of disability with percentage			
Describe Medical Treatment Given			
Amount of Claim / Sum Assured (R.O.)			

Please submit the following documents. Copies should be attested by an authorized person.

Documents	Date	Issued by
Death Certificate / Disability Certificate form MOH board		
Notification of Death form		
Medical Report for Accident / Sickness		
Disability Assessment Certificate		
Police Reports for Accident etc.		
Age Proof (Copy of ID Card / Passport)		

Date: **Office Seal** **Authorized signatory**