

PREVIOUSLY AXA



Administrative section

Please keep all original documents and records until your claim is settled. Reimbursements will be processed in the currency your policy has been set-up in. All dependent claim reports will be directed to the contact details provided by the main member. A copy of these reports will also be sent to the main member as per the contact details provided by the Corporate Client. To abide by the Social Distancing Regulations being set by different authorities, all reimbursement requests will be settled by bank transfer only.

Policy number:	Membership number:
Patient name:	Provider name:
Date of treatment:	Patient gender:
Country of Treatment:	Email address:
Claimed Value / Currency:	Mobile number:



Medical section

Type of visit: Outpatient Inpatient Emergency Maternity Dental Optical

If pregnant, LMP (last menstrual period) date:

Nature of conception:

Chief complaint:

History of present illness (please include duration, date of onset, and when the patient became aware of each condition):

Clinical findings/other conditions:

Past medical history:

Details of trauma - if applicable (when, where and how)

Work related RTA related (include a police report) Sports related:

Professional Non professional

Diagnosis:

Treatment plan, recommended medications, investigations, and/or procedures:



Patient declaration

I hereby confirm that I am the patient/GIG card holder, patient's parent or guardian (if under 16 years of age) and I wish to claim and declare that all the details/information given above are to the best of my knowledge true and correct. I hereby consent to and fully authorise the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to Gulf Insurance Group (Gulf) B.S.C.(c) representative or any of GIG's affiliates. I subrogate all my rights in relation to this claim and I fully authorise and give access to Gulf Insurance Group (Gulf) B.S.C.(c) representative or any of GIG's affiliates to audit, review, and copy all my medical records details including any historical medical records regardless the previous payer/insurer. I agree that a copy of this consent shall have the validity of the original.

Medical practitioner 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 correct.

Name:

Date:

Signature

Stamp

Signature:

Date:



Are you ready to submit your claim?

1. The documents you need to submit:

- This claim form, duly filled and signed by you and the treating physician.
- Itemised tax invoice of the received treatment(s), where applicable.
- If you paid in cash > Invoice must carry a 'PAID' stamp
- If you paid by card > Submit your card payment slip or statement, along with the invoice

2. Where to submit your claim:

Please visit our [MyGIG Gulf app](#) (previously MyAXA) or our [online portal](#) to submit your claim, track your claim status or upload any additional documents.

Please note that AXA Insurance (Gulf) B.S.C. (c) was acquired by Gulf Insurance Group (GIG). Now as GIG Gulf, we are operating under our new legal name 'Gulf Insurance Group (Gulf) B.S.C.(c)'. We remain a regulated company and continue to provide the same insurance products and services empowered by our networks and partnerships. For more information, please visit our announcement page www.gig-gulf.com.

WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Penalties may include but not be restricted to denial of insurance benefits/cover, rendering the insurance contract void and/or legal action to be taken where deemed necessary.

If you have any questions regarding this form or any other aspects of the cover, please contact GIG on UAE +971 (4) 429 4000, Qatar +97 4 412 8733, Bahrain +973 (17) 582 612, Oman +968 800 70292, KSA +966 (1) 478 0282 quoting the policy and membership numbers. Claims must be submitted along with supporting documents within 90 days from date of service or within 180 days for Privilege Members. Send this claim form together with the supporting material to Medical Department, Gulf Insurance Group (Gulf) B.S.C.(c), P.O. BOX 32505, Dubai, UAE or Gulf Insurance Group (Gulf) B.S.C.(c), P.O. Box 45, Kingdom of Bahrain, Gulf Insurance Group (Gulf) B.S.C.(c), P.O. Box 1276, P.C. 112, Ruwi, Sultanate of Oman or Gulf Insurance Group (Gulf) B.S.C.(c), P.O. Box 21044, 11475 Riyadh, Kingdom of Saudi Arabia or Gulf Insurance Group (Gulf) B.S.C.(c), P.O. Box 15319, Doha, State of Qatar.

Gulf Insurance Group (Gulf) B.S.C. (c)

UAE: Registered in the Insurance Companies Register - Certificate no. (69) dated 22/01/2002.

Subject to the provisions of Federal Law no. (6) of 2007 concerning the establishment of Insurance Authority and Organisation of its work.

Bahrain: A company incorporated in the Kingdom of Bahrain (CR 22373) with an authorised and paid up capital of BD 15,000,000 and regulated by the Central Bank of Bahrain as a Bahraini insurance licensee.

Oman: A foreign branch of Gulf Insurance Group (Gulf) B.S.C (c), a company incorporated in the Kingdom of Bahrain and registered with the Ministry of Commerce, Industry & investment Promotion in the Sultanate of Oman under the Commercial Registration no. 1112244 and holding insurance registration no. 6 issued by the Capital Market Authority.

Qatar: A foreign branch of Gulf Insurance Group (Gulf) B.S.C. (c) and registered in the Qatar Financial Centre under QFC License no. 00024 and authorised by the Qatar Financial Centre Regulatory Authority.