

General Instructions

- Please note that all information related to this Claim is strictly confidential and shall not be disclosed by Daman to any third party, unless such disclosure is made pursuant to the relevant laws and regulations or authorised by you under Section 6.
- This form can be used for all types of Daman medical plans and has to be completed by the Card Holder if direct billing facility is not available at the healthcare provider.
- In the event that a third party is filling in and submitting this Reimbursement Claim Form on your behalf, please provide a copy of authorised person's passport or emirates ID to Daman.
- Use separate form for each insured member.
- Please read the form carefully and make sure to complete all information and attach all essential documents as specified herein otherwise Daman will not be able to process your Reimbursement Claim.**

Essential Documents:	<ul style="list-style-type: none"> Original itemised bill / invoices with date. Proof of payment (Paid stamp on invoice, original receipt, credit cards payment receipt, etc.). Original prescription for medication given by the medical practitioner. Original authorisation letter and copy of identity document of the authorised person if this Reimbursement Claim Form is completed and submitted by a third party. Copy of identity document of the authorised person for collection of payment and/or information from Daman. Copy of visa page if the Card Holder is a minor. The following documents are required as below: <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Cases</th> <th>Road traffic accident</th> <th>Work related treatment</th> <th>Any other third party liability</th> </tr> </thead> <tbody> <tr> <td>Police report</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Subrogation letter</td> <td>✓</td> <td>✓</td> <td></td> </tr> <tr> <td>Relevant insurance policy</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Court judgment</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table> <ul style="list-style-type: none"> If reimbursement claim is covered by other insurance policy (a) relevant insurance policy (copy). 	Cases	Road traffic accident	Work related treatment	Any other third party liability	Police report	✓	✓	✓	Subrogation letter	✓	✓		Relevant insurance policy	✓	✓	✓	Court judgment	✓	✓	✓
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Relevant insurance policy	✓	✓	✓																		
Court judgment	✓	✓	✓																		
Additional Requirements for Inpatient and Day Care (Hospitalisation Cases):	Original Medical Report and/or Discharge Summary stamped and signed by the treating medical practitioner and health care provider.																				

Note:

- The Card Holder shall keep with him/her copy of original receipts and documents enclosed with the reimbursement claim as Daman will not return the original documents submitted to it unless there is a complete denial of your claim.
 - Daman may require reviewing the original diagnostic investigation results/reports (such as Radiology and Laboratory investigation services) for services costing below AED 1000 for any medical clarifications. Therefore, kindly ensure that the original documents are kept securely. Daman reserves the right to reject any claims if original documents are not available upon request.
 - In case of treatment availed outside the UAE, Daman reserves the right to ask for a copy of passport page with the entry and exit stamps and a valid visa page or any other document proving your stay outside the UAE.
- Wire transfer information:
 - The wire transfer payment will be deposited in the account number mentioned in this Reimbursement Claim Form.
 - Wire Transfer payment fee will be paid by Daman. Any other amount charged by the bank to the Card Holder for this service and/or any tax/taxes levied shall not be the responsibility of Daman.
 - Daman will inform the card holder about the status of the reimbursement claim within 10 working days from the claim received date.
 - All claims subject to reimbursement should be submitted to Daman from the last treatment dates as mentioned below:
 - Within 180 Days for services taken inside and outside the UAE for Premier and CoGenio Plans.
 - Within 30 Days for services taken inside UAE for Basic (Abu Dhabi) Plan.
 - Within 120 Days for other Daman Health Insurance Plans based on the coverage offered for respective plan.
 - Daman is accepting claims submitted in the following languages: English, Arabic, Dutch, French, Russian, Hindi, Urdu, and German (which might take additional five days for non-Arabic and non-English claims). Claims submitted in languages other than the above listed should require translation to English or Arabic by certified translator licensed in the UAE (additional time exceeding five days stated for permitted languages listed herein may be required for unlisted languages).
 - For any claim with foreign currency, Daman will consider the exchange rate on the day of processing the claim using the prevailing exchange rate.
 - For health insurance plans other than CoGenio, members can submit their reimbursement claims across any of the Daman branches and to the below mentioned postal address. Members under CoGenio Plans, please submit your reimbursement claims only to the following postal address:

**Claims Receiving Unit, National Health Insurance Company – Near Centro Capital Hotel,
PO Box – 128888, Abu Dhabi, United Arab Emirates. Contact Number: +9712 6145622**

If you have any question or need assistance in filling this form: For Essential Benefits Plan call +971 2 6145454. For CoGenio Plans call +9712 6145622. For Other Health Insurance Plans call 800 4 32626 within the UAE or +971 2 6149555 outside UAE.