

Critical Illness benefit claim form

(to be completed by the claimant)

Instructions

All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer please continue on a separate piece of paper and attach to this form. Please return this questionnaire to your local Zurich office, details of which are in section 11 'Local Zurich office contact details'.

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

Any benefit payment made will be subject to any applicable trade or economic sanctions.

1. Policy number
2. Details of the Life Insured
Title Mr Mrs Ms Other (specify)
First name
Last name
Any previous names or alias used, including maiden name (if applicable)
3. Details of your claim
Please describe your medical condition in full
What was the overall diagnosis?
Have you undergone any tests or investigations to confirm this diagnosis? Yes No
If yes, please give details
What treatment are you currently receiving?

3. Details of your claim (continued) Have you received any other form of treatment? If yes, please give details What date did your symptoms first commence? Date Describe the initial symptoms that lead to your diagnosis? Please provide details of all doctor(s) whom you had consulted with regards to your condition. (Please include copies of all medical reports including initial consultation and diagnosis reports along with the claim form) Date of diagnosis of your condition Date Have you suffered from the same or similar condition previously? If yes, please give details including dates Please provide the name and contact details for all the doctor(s) who have treated you in the past (who is familiar with your past medical history) please include name of the hospital, address, telephone number and email address. Have you received payment for this condition under any other insurance policies? Yes No If yes, please give details Name of the company Type of Insurance Amount of cover

Please provide any additional information below which you consider are relevant to your claim.

4. Claimant details Title Mr Mrs Ms Other (specify) First name Last name Any previous names or alias used, including maiden name (if applicable) Date of birth Country of birth Place of birth Nationality Do you hold nationality in any other country? No Yes If yes, please confirm the country Current residential address Correspondence address (if different from the residential address) **Email ID** Contact number (including country code) Is this a U.S.* based telephone number? No Yes Are you a U.S.* tax payer? No Yes Are you a U.S.* citizen? Yes No * The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands. Please state all countries where you are currently deemed to be resident for tax purposes Country/Countries of tax residence Tax reference number(s) ** If you are currently tax resident in the United Kingdom, please provide your National Insurance number 5. Method of payment (Please tick one of the following options) Autopay Interbank giro payment (Singapore dollars in Singapore only) Telegraphic transfer (bank charges apply) Swedish giro (Swedish krona to Swedish banks) BACS (UK only) Bank name Bank address Account holder's name(s) If the above stated account holder(s) name differs from the claimant(s) name, please clarify why and complete the following information. If not different, please leave the below section blank and continue to bank account detail - section 6. Reason

5. Method of payment (continued)		
Title Mr Mrs Ms Other (specify)		
First name		
Last name		
Any previous names or alias used, including maiden name (if applica	ble)	
Date of birth DDMMYYYY		
Country of birth	Place of birth	
Nationality		
Do you hold nationality in any other country?	Yes No	
If yes, please confirm the country		
Current residential address		
Correspondence address (if different from the residential address)		
Email ID		
Contact number (including country code)		
Is this a U.S.* based telephone number?	Yes No	
Are you a U.S.* tax payer?	Yes No	
Are you a U.S.* citizen?	Yes No	
* The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.		
Please state all countries where you are currently deemed to be resident for tax purposes		
Country/Countries of tax residence	Tax reference number(s)	
** If you are currently tax resident in the United Kingdom, please provide your National Insurance number.		
6. Bank account details		
Please provide us bank account details of the country where you are currently resident		
Please state the currency of your bank account (AED, USD, GBP, HKD, SEK, etc.) If you do not indicate the currency of your bank account above, we will proceed to make the payment in the plan currency and this may incur additional charges or exchange rate charges by your bank.		
Account number		
Sort code (for UK banks only)		
SWIFT code (not required for UK banks)		
ABA number (U.S. banks only)		
IBAN (Note: depending on your region, you may not need to use all the IBAN boxes)		

6. Bank account details (continued)		
Bank number (Hong Kong only)	Branch number (Hong Kong only)	
Reference to be quoted (if applicable)		
Correspondent bank details (if funds are to be paid through a separat	e bank)	
Bank name		
Bank address		
Account holder's name		
Account number		
Sort code (UK banks only)		
SWIFT code (not required for UK banks)		
ABA number (U.S. banks only)		
IBAN (Note: depending on your region, you may not need to use all the IBA	N boxes)	
7. Proof of Identity and residential address for claima	nt(s)	
Please ensure a valid suitably certified photographic ID and Proof of Add For more details with regards to type of ID and Proof of Address docum-		
8. Complaints		
If you are not satisfied with our handing of your claim, please refer to our complaints procedure on our website www.zurich.ae.		
9. Declaration/Data protection		
Declaration		
I declare that the answers given, whether in my handwriting or not, are form the basis of my claim application.	true and complete to the best of my knowledge and belief, and will	
I understand that failure to disclose any material fact may invalidate the claim application resulting in the loss of benefits. Note: a material fact is one which may influence the assessment or acceptance of your claim application. If you are in any doubt as to the relevance of any information, please give details.		
Contact details		
I understand that for security purposes, the Company will regard the comportant that I let the Company know if any of these details change.	ntact details provided as my authorised contact details and that it is	
Special category data consent		
By signing this form, I consent to the Company processing my medical a information from any medical practitioner who has attended me or from I confirm such authorisation shall remain in force after my death.		
Withdrawal of consent		
I understand that where I have provided consent I have the right to with the data processing carried out prior to such withdrawal.	draw the consent at any time and that such withdrawal will not affect	
I confirm that this signature is mine or that of my appointed legal repres	entative	
If your signature is different from the signature in your passport/I changed over a period of time, you will need to complete a 'Certif signature page of the passport even if it is not signed.		
Signature of the life insured		

Date

10. Privacy notice

This Notice is a summary of our Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy or contact us for a copy.

Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- · complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which operate.

How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

Data Subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- · data portability to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

Data Protection Contact

- Email our Data Protection Officer at ZILLPrivacy@Zurich.com.
- Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the `contact us' page of our website zurich.ae.

11. Local Zurich office contact details

Email us at: benefit.claims@zurich.com

Call us:

Bahrain

Telephone: +973 1756 3321

Isle of Man

Telephone: +44 1624 662266

Qatar

Telephone: +974 4428 6322

United Arab Emirates

Telephone: +971 4 363 4567

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