

## Domestic Workers Compulsory Insurance – Claim Form

(The issue of this claim form is not to be taken as admission of liability)

| A. Details of the Insured (The Employer) |  |              |  |
|--|--|--------------|--|
| Name:                                    |  |              |  |
| ID Number:                               |  | Nationality: |  |
| Telephone No:                            |  | E-Mail:      |  |
| IBAN No.:                                |  |              |  |

| B. Details of the Insured (Domestic Worker) |  |               |  |
|---|--|---------------|--|
| Name:                                       |  |               |  |
| Nationality:                                |  | ID\Iqama No.: |  |
| Date of Birth:                              |  | Policy No.:   |  |
| Gender:                                     |  |               |  |

| C. Details of the Claim  |  |  |
|--|--|--|
| 1. Date of Loss:   |  |  |
| 2. Nature of Claim:  |  |  |
| 3. Amount of Claim:  |  |  |
| 4. Is there any other insurance policy covering this claim (Please include the details): | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

| D. Type of Claim  |                          |   |  |  |                          |
|---|--------------------------|---|--|--|--------------------------|
| Section 1 – Employer's Benefits   |                          |   |  |  |                          |
| 1. Death of Domestic Worker   |                          |   | 2. Permanent Total or Partial Disability |  |                          |
| 1.a. Repatriation Expenses of Deceased Domestic Worker's Body                         | <input type="checkbox"/> | 2.a. Repatriation Expenses of the Domestic Worker           | <input type="checkbox"/>                 |  |                          |
| 1.b. Expenses for returning the Domestic Worker's personal belongings and possessions | <input type="checkbox"/> | 2.b. Expenses for recruiting an alternative Domestic Worker | <input type="checkbox"/>                 |  |                          |
| 1.c. Expenses for recruiting an alternative Domestic Worker                           | <input type="checkbox"/> |   |  |  |                          |
| 3. Absence of the Domestic Worker (runaway)   |                          | 4. Domestic Worker's Refusal to Work                        |  | 5. Emergencies or Compelling Circumstances             |                          |
| Expenses for recruiting an alternative Domestic Worker                                | <input type="checkbox"/> | Expenses for recruiting an alternative Domestic Worker      | <input type="checkbox"/>                 | Expenses for recruiting an alternative Domestic Worker | <input type="checkbox"/> |

## Section 2- Domestic Worker's Benefits

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| <b>1. The Employer's failure to pay due salaries</b>  |                          | <b>2. Permanent Total or Partial Disability or Critical/Chronic Illness</b>                          |                          |
| 1.a. The total amount of the Domestic Worker's unpaid monthly salary for a period not exceeding four months | <input type="checkbox"/> | 2.a. The total amount of the Domestic Worker's monthly salary for a period not exceeding four months | <input type="checkbox"/> |
| 1. b. Flight ticket costs to return the Domestic Worker to his/her home country                             | <input type="checkbox"/> | 2.b. Flight ticket costs to return the Domestic Worker to his/her home country                       | <input type="checkbox"/> |
| <b>3. Emergencies or Compelling Circumstances</b>   |                          |  |                          |
| Flight ticket costs to return the Domestic Worker to his/her home country                                   |                          |  | <input type="checkbox"/> |

### Declaration:

I/We hereby declare that the above details are true and I undertake to inform you about any changes therein immediately. Also I commit that in case of provided any information is found to be false, untrue, misleading or misrepresenting, the company has the rights to prosecute Me/Us for the physical and moral damage resulted by providing such information, besides the company is entitled to get any information or data issued by the relevant authorities too.

(To be completed by the Employer if the compensation is claimed under section 1)

|                 |  |
|-----------------|--|
| Date            |  |
| Name (Employer) |  |
| Signature       |  |
| Stamp           |  |

(To be completed by the Domestic Worker if the compensation is claimed under section 2)

|           |  |
|-----------|--|
| Date      |  |
| Name (DW) |  |
| Signature |  |
| Stamp     |  |

### Please attach the following documents with the claim form:

- Copy of the ID/Iqama of the insureds,
- A copy of the recruitment contract for the Domestic Worker, accompanied by documents showing the cost of recruitment,
- A proof of the Domestic Worker's health and physical condition, and confirming his/her inability to carry out his/her responsibilities (in case of Permanent Total or Partial Disability or Critical or Chronic Illness),
- Death certificate (in case of death),
- A proof confirming the occurrence of Emergency Cases/Compelling Circumstances,
- A proof of reporting the absence of Domestic Worker to the competent authority,
- A copy of the competent authority's decision that confirms the Domestic Worker's refusal to work.
- Any other related documents.

Allied Cooperative Insurance Group (ACIG) S.J.S.C

Paid Capital 200 Million Saudi Riyals – C.R 1010417178 R.C.C 239292

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