INAYAH TPA (L.L.C.)
(A Wholly Owned Subsidiary of)
الوطنية للتأمين على الحياة والعام
NATIONAL LIFE & GENERAL INSURANCE
Ominvest Group
مجموعة اومينفست

Claim Submission Checklist

Dear Sir/Madam,

We request you to arrange your documents in the following order before claim submission.

Description	Porvided		Waived	
	Yes	No	Yes	No
Completed claim form with:				
Patient detail(Name, Inayah ID etc)	☐	☐	☐	☐
Diagnosis/Treatment and history	☐	☐	☐	☐
Doctor's signature and stamp	☐	☐	☐	☐
Clinic stamp	☐	☐	☐	☐
Patient's signature	☐	☐	☐	☐
Claim intimation	☐	☐	☐	☐
Duly filled and signed claim form by the insured	☐	☐	☐	☐
Copy of Insurance Policy(not applicable to Corporate & Group Mediclaim)	☐	☐	☐	☐
Main Hospital/Clinic Bill, Pharmacy Invoice & Receipts with break up of charges (if applicable)	☐	☐	☐	☐
Orginal Discharge Card/ Discharge Summary/ Narrative Summary	☐	☐	☐	☐
Original Medicine Bills(with the Insured's Name, Date) with supporting prescriptions (if applicable)	☐	☐	☐	☐
Original Investigation Reports with bills, Receipts & Prescriptions	☐	☐	☐	☐
Details of previous claim history if any(e.g. Discharge Card, Investigation Reports etc)	☐	☐	☐	☐
Any other supporting document which may be important to the hospitalization	☐	☐	☐	☐
Maintain a copy of investigation reports and discharge card before claims submission	☐	☐	☐	☐
Pathology Results	☐	☐	☐	☐
Radiology Results	☐	☐	☐	☐

Note: ** All Receipts above AED 10,000 must be revenue stamped.*
** Notes by the Insured*

Contact No of the Insured. _____

Email ID. _____ Mobile No. _____

Bank Name & Account Number _____

Signature of the Insured. _____ Signature of the Patient. _____

Received and Checked by Inayah:
Name:
Signature:
Date:

Received and Checked by Insurance Co:
Name:
Signature:
Date:

Kindly forward all your queries to contactus@inayahtpa.com