

## 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:**

### Initial Documents:

1. Filled Claim Form,
2. A copy of the employer's national ID or Iqama,
3. A copy of the domestic worker's passport and Iqama,
4. A copy of the unified contract for mediation services to recruit domestic workers,
5. Tax invoice for recruitment costs from the Musaned platform,
6. A copy of the bank IBAN certificate indicating the name of the beneficiary.

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

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

H.O: 7121 Al Amir Turki Ibn Abdula Aziz (Al-Awal) - Hiteen Dist.

RIYADH 13512 – 2305 Unit No.: 2171

Tel: +966 11 485 2626 Fax: +966 11 485 2727

P.O. Box 40523 Riyadh 11511 Kingdom of Saudi Arabia

Jeddah C.R. 4030171999 Tel: +966 12 6633222 Fax: +966 12 6617421

Al Khobar C.R 2051043671 Tel: +966 13 893 3637 Fax: +966 13 8938440

Khamis Mushait C.R. 5855035150 Tel: +966 17 221 5521 Fax: +966 17 2237465

VAT Registration No: **300007361200003**

#### المجموعة المتحدة للتأمين التعاوني (أسيج) ش.م.س

رأس المال المدفوع 200 مليون ريال سعودي – س.ت 1010417178 ع.غ.ت 239292

المركز الرئيس: 7121 طريق الأمير تركي الأول - حطين

الرياض 13512 – 2305 رقم الوحدة: 2171

هاتف: +966 11 485 2626 فاكس: +966 11 485 2727

ص. ب. 40523 الرياض 11511 المملكة العربية السعودية

جدة س.ت 4030171999 ت: +966 12 663 3222 ف: +966 12 6617421

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رقم تسجيل ضريبة القيمة المضافة: **300007361200003**

## Additional Documents Required Based on the Type of Loss:

- **In case of absence of the domestic worker (runaway), please attach:**
  1. A copy of the report of absence from work (after the lapse of the grace period to cancel the report),
  2. Recruitment office statement/ feedback to clarify the reasons that led to the absence of the domestic worker. If the domestic worker did not contact the recruitment office, please provide their statement in this regard.
- **In case of the domestic worker's refusal to work, please attach:**
  1. A copy of the final decision of the Domestic Workers Disputes Resolution Committee of the final verdict of the Labor Court,
  2. Muqem report issued after the repatriation of the domestic Worker.
- **In case of permanent total or partial disability, or critical/chronic illness, please attach:**
  1. A copy of a medical report explaining the medical condition of the domestic worker and their inability to work,
  2. Muqem report issued after the repatriation of the domestic Worker.
- **In case of the death, please attach:**
  1. Death certificate (Ministry of Interior- Absher, Civil Affairs)
- **In case of emergencies or compelling circumstances.**
  1. A death certificate or a medical report certified by the Saudi Embassy in the domestic worker's country stating that the domestic worker's relatives (father, mother, children, husband/wife) were exposed to one of the diseases stipulated in the policy (the recruitment office that mediated the recruitment).

If any further supporting documents are needed to process the claim, it will be requested later.

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