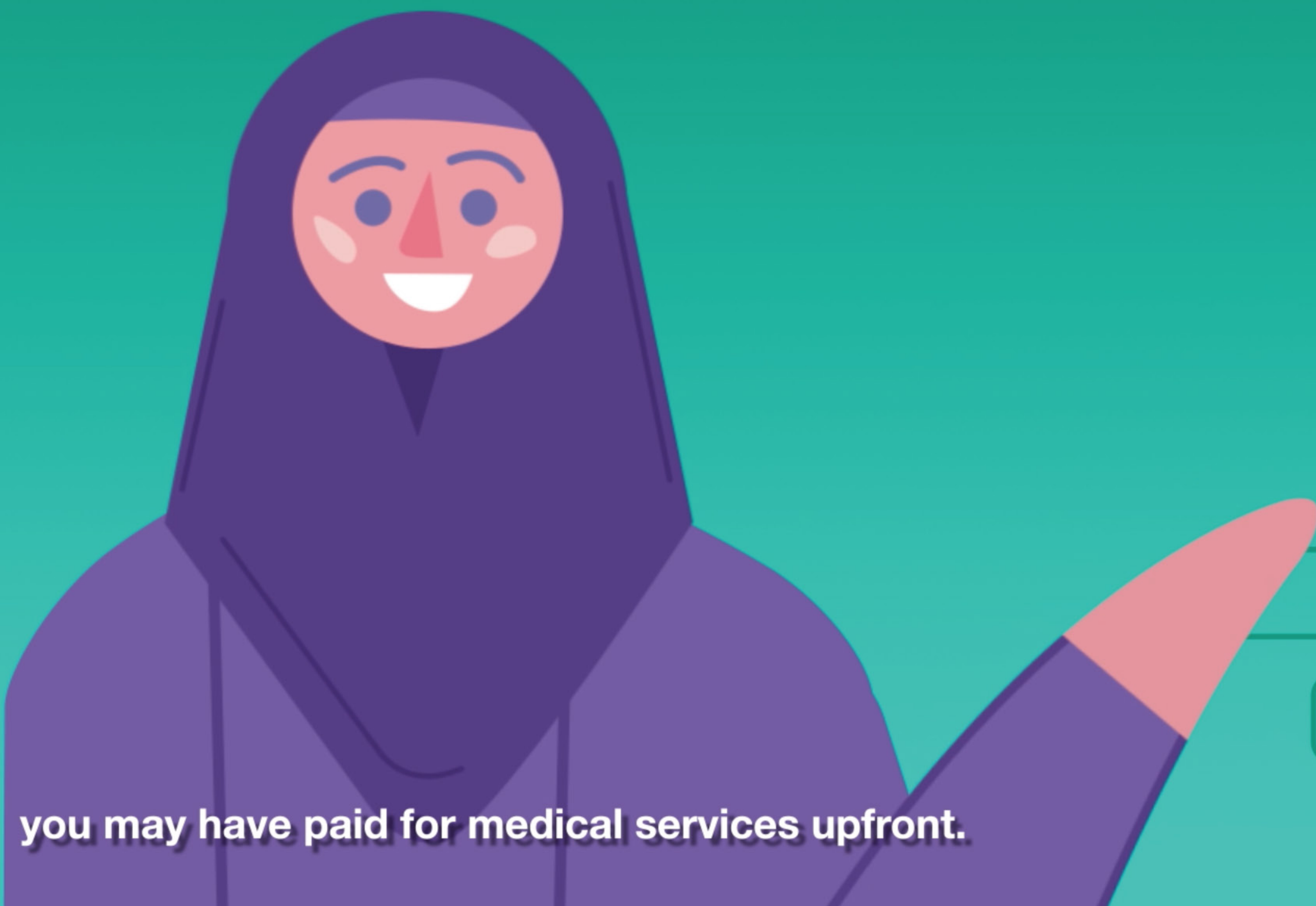


# HOW TO SUBMIT A CLAIM



If you receive medical treatment or service outside your plan's provider network,

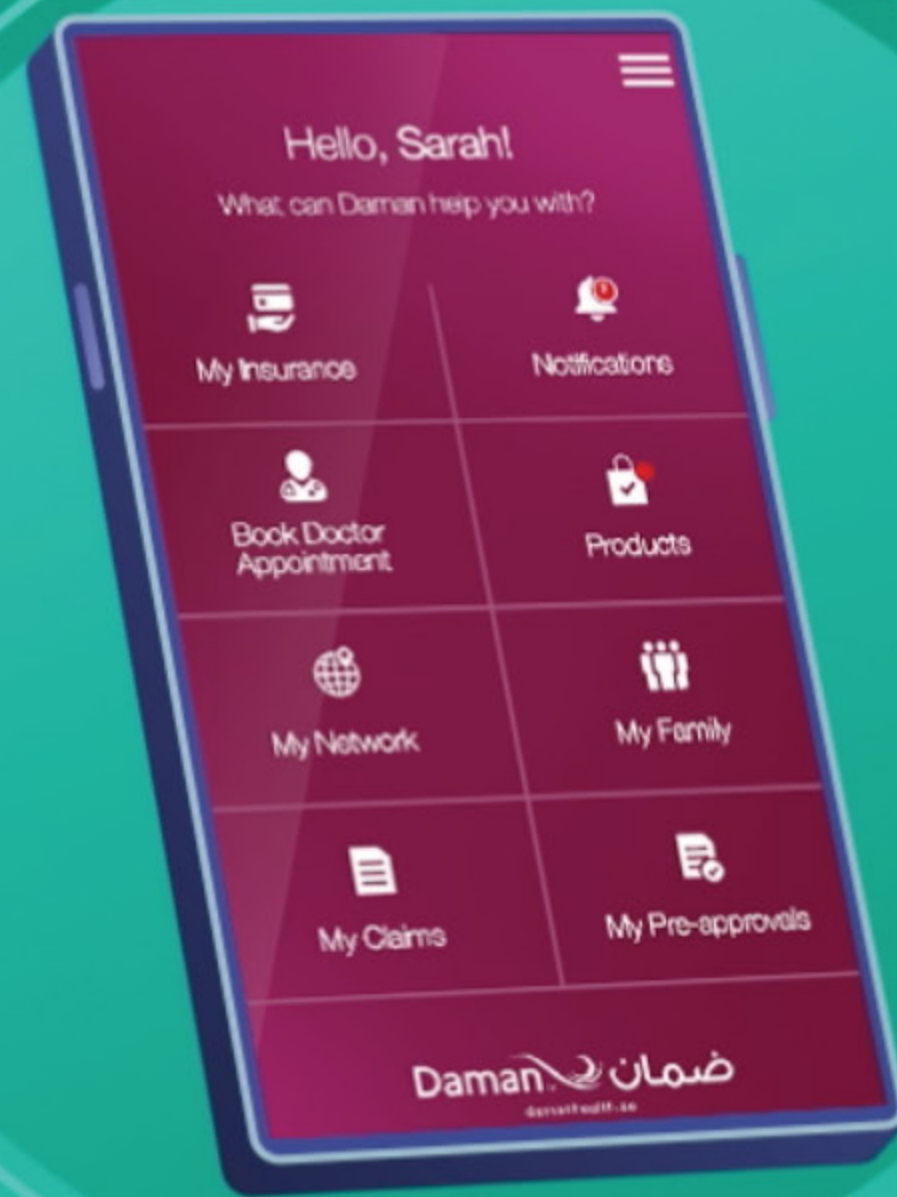


**you may have paid for medical services upfront.**



A stylized illustration of a woman with a warm, smiling face, wearing a purple hijab. She is positioned centrally against a teal background. The background is decorated with several abstract, rounded rectangular shapes in lighter shades of teal and purple. In the bottom right corner, there is a pink and purple geometric shape. The overall style is clean and modern.

**Sarah will show you how to submit a claim effortlessly, so you can claim back your expense.**



**You can submit a claim through the Daman App**





or MyDaman account in 3 simple steps.

**SUBMIT A CLAIM**

Bank Details

\* REQUIRED FIELDS

ENTER YOUR IBAN \*

AB 12 ABCD 102030 12345678

WE CAN REIMBURSE TO A UAE BANK ONLY

BENEFICIARY NAME \*

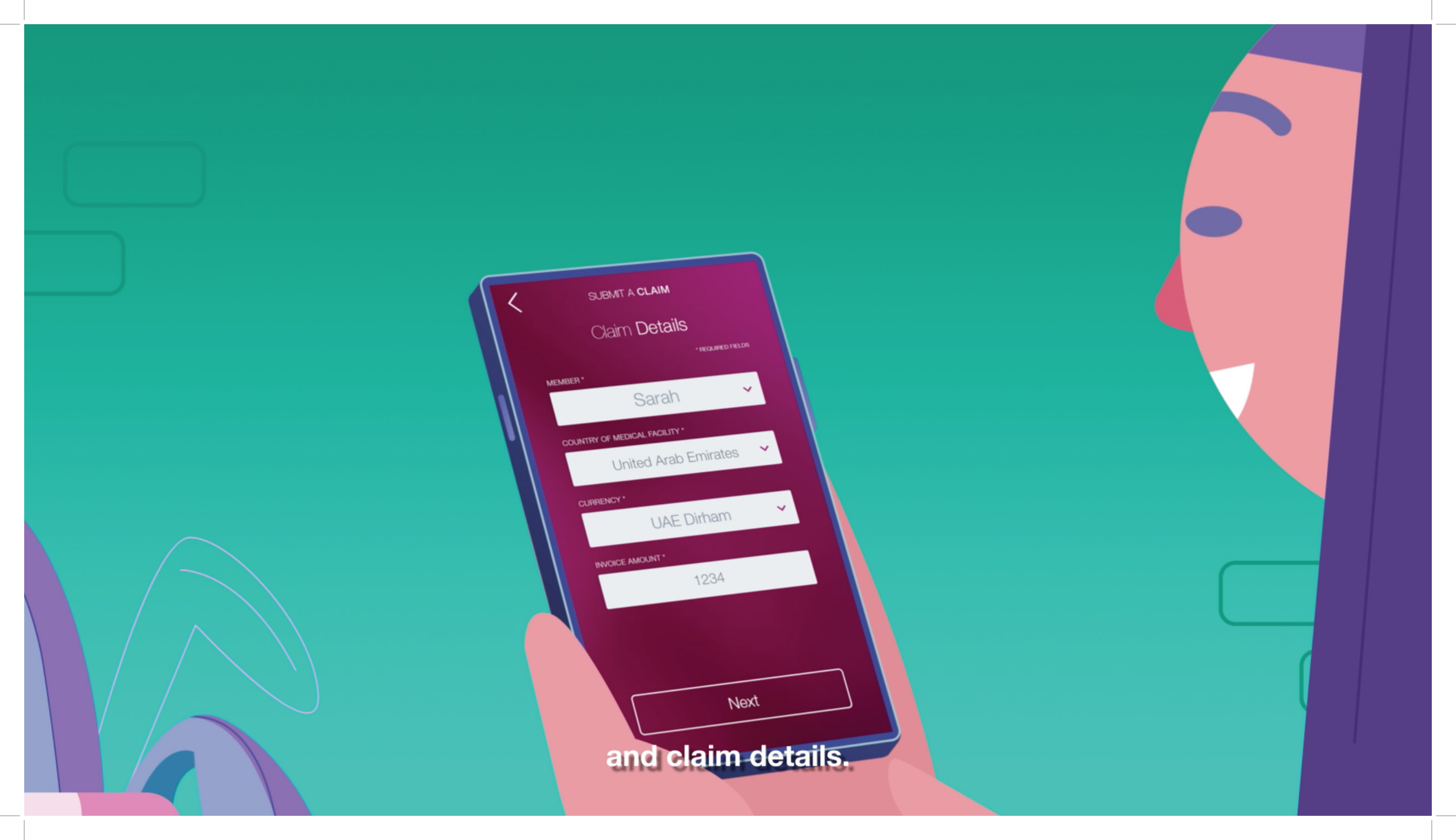
Sarah Abdullah

Enter the name in English as registered with your bank.  
In case the name does not match, payment will not be processed.

Next

**Enter your bank details**





The illustration shows a person's profile on the right, looking at a smartphone held in their hand. The phone screen displays a 'SUBMIT A CLAIM' form with the title 'Claim Details'. The form includes four input fields: 'MEMBER \*' with the value 'Sarah', 'COUNTRY OF MEDICAL FACILITY \*' with 'United Arab Emirates', 'CURRENCY \*' with 'UAE Dirham', and 'INVOICE AMOUNT \*' with '1234'. A 'Next' button is at the bottom. The background is teal with abstract shapes.

SUBMIT A CLAIM

Claim Details

\* REQUIRED FIELDS

MEMBER \*  
Sarah

COUNTRY OF MEDICAL FACILITY \*  
United Arab Emirates

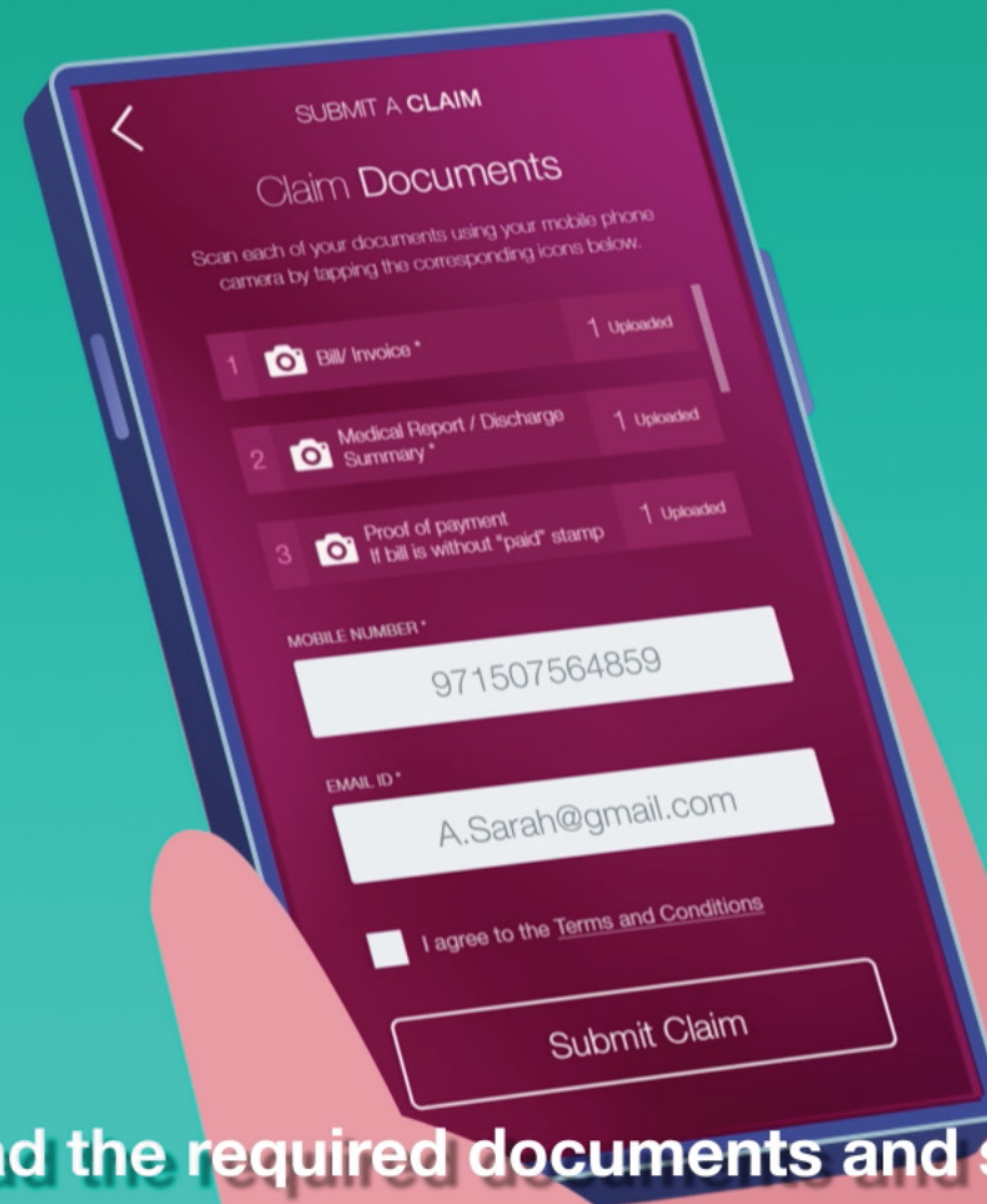
CURRENCY \*  
UAE Dirham

INVOICE AMOUNT \*  
1234

Next

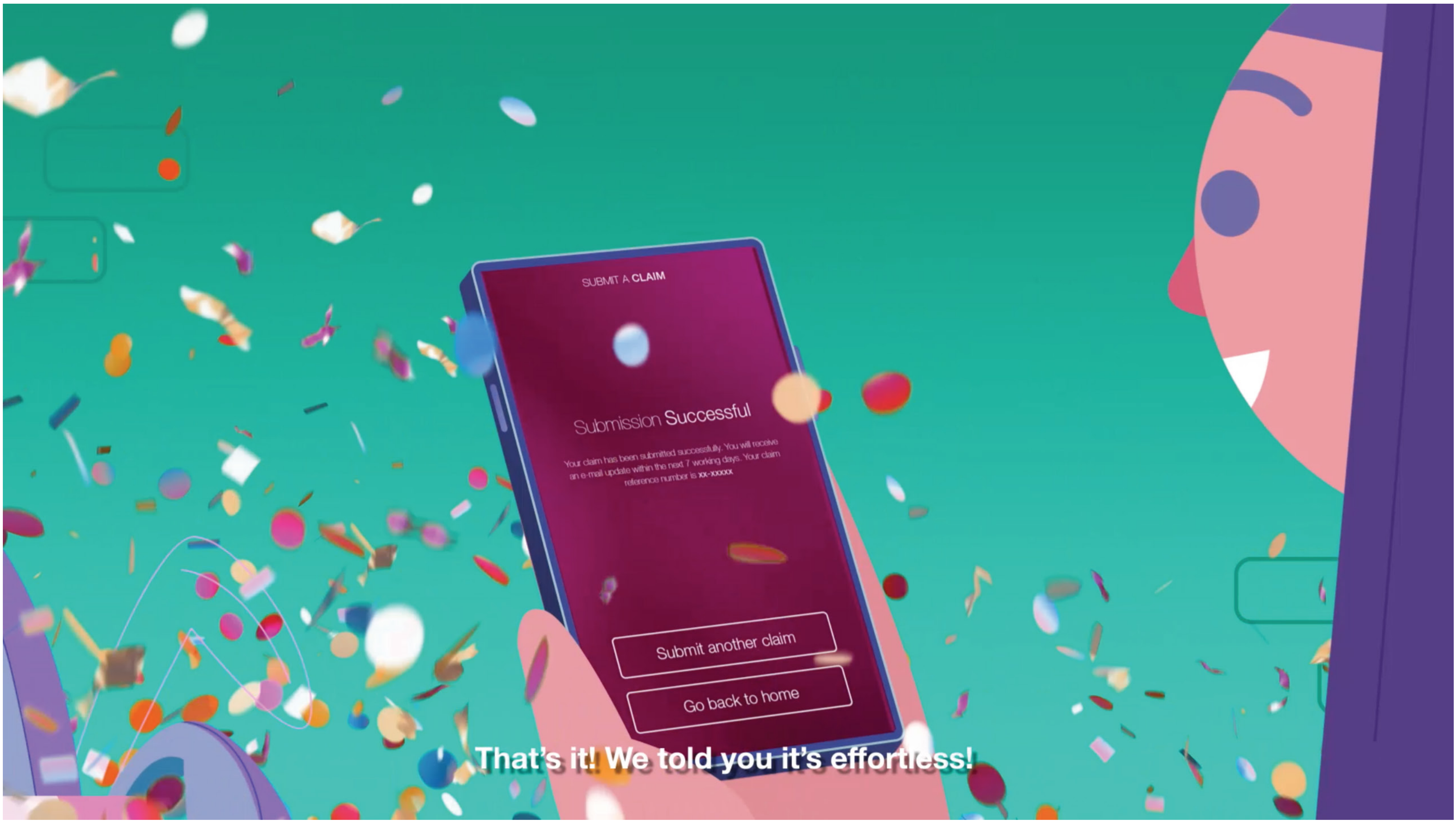
and claim details.





**Upload the required documents and submit claim.**





**That's it! We told you it's effortless!**





600 5 32626



[customerinfo@damanhealth.ae](mailto:customerinfo@damanhealth.ae)