



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

آلية تقديم المطالبات التأمين ضد التعطل عن العمل

الفهرس

- 1- آلية تقديم للعاملين في القطاع الخاص #1
- 2- آلية تقديم للعاملين في القطاع الحكومي الإتحادي #13
- 3- آلية تقديم للعاملين في قطاع الغير مسجلين بأنظمة الوزارة #26

Claims Submission Guideline Involuntary Loss of Employment Insurance

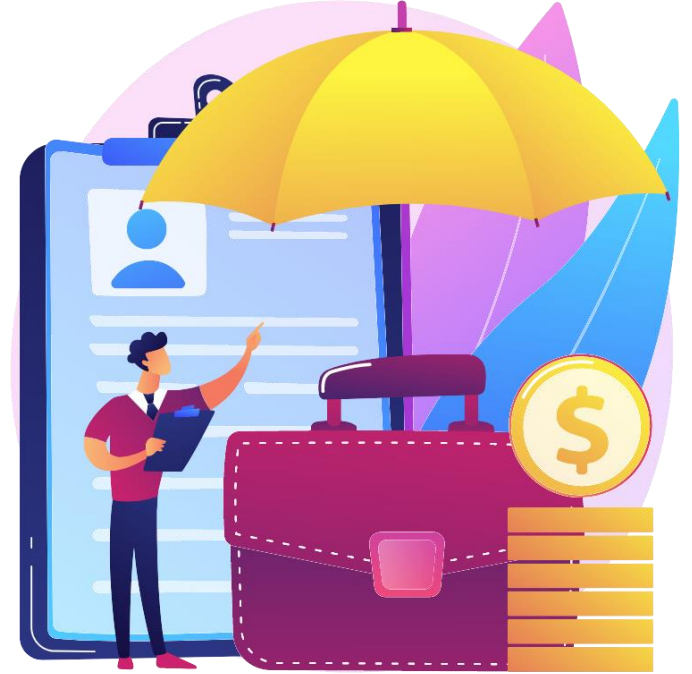
Table of Contents

- 1- Claim Submission Process for Private Sector Employees #39
- 2- Claim Submission Process for Federal Government Employees #51
- 3- Claim Submission Process for Employees Not Registered in MOHRE #64

هل تعمل في القطاع الخاص؟
إليك كيفية تقديم مطالبتك



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE



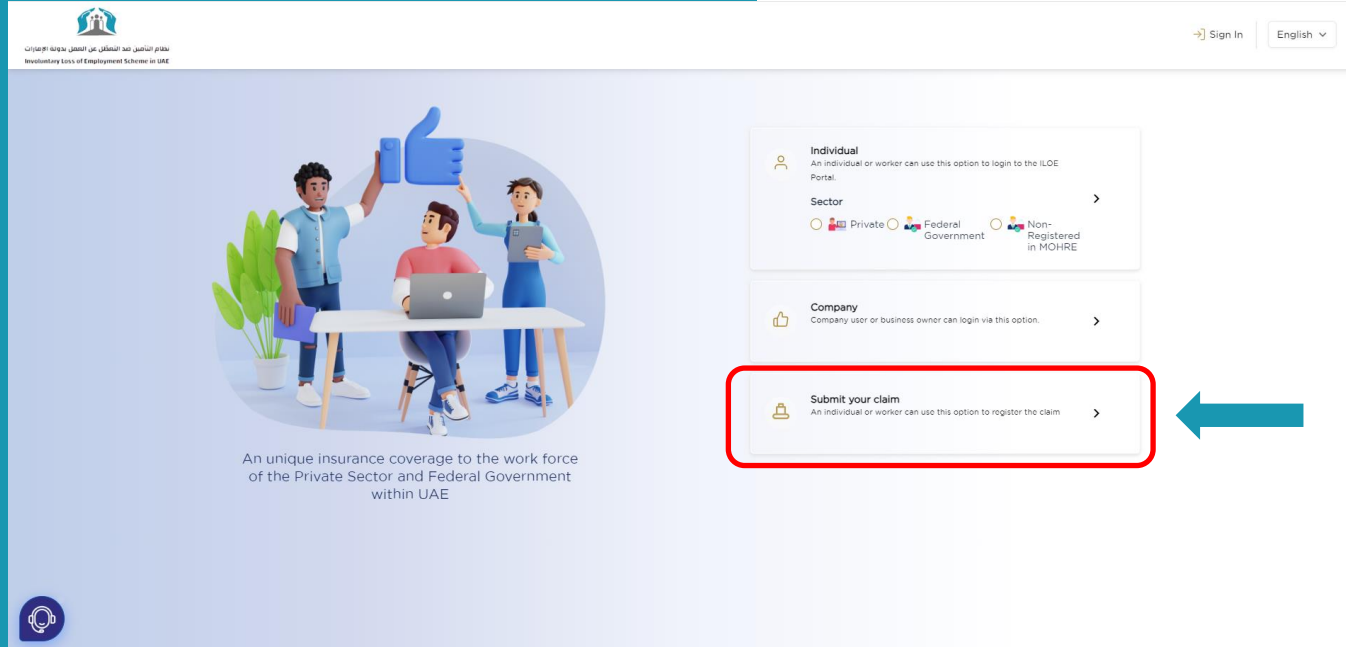
فقدت عملك؟ نحن هنا لنضمن لك الحماية



01 زيارة الموقع:

<https://www.diniloe.ae/nsure/login/#/>

- اضغط على "قدم مطالبتك".



نظام التأمين ضد التمكن عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Individual
An individual or worker can use this option to login to the ILOE Portal.

Sector >
Private Federal Government Non-Registered in MOHRE

Company
Company user or business owner can login via this option. >

Submit your claim
An individual or worker can use this option to register the claim. >

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE



02 أدخل رقم الهوية الإماراتية ورقم الهاتف المتحرك

- قم بتسجيل الدخول باستخدام رمز التحقق (OTP)
- أدخل الرقم الموحد UID أو رقم الهوية الإماراتية EID المستخدم أثناء الاشتراك.
- تأكد من إدخال رقم الهاتف المتحرك بالصيغة الصحيحة: مثال: x-xxxxxxx5
- أدخل تاريخ ميلادك.
- اطلب إرسال رمز التحقق (OTP) إلى رقم الهاتف المُدخل.
- أدخل رمز التحقق لإتمام عملية تسجيل الدخول بنجاح.

نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Back

Sign In - Select your way of login

☒ With OTP
 ☐ Registered User

* Required

UID / Emirates ID

* Required

+971 Mobile Number

* Required

Date of Birth

Request OTP

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE



03 اضغط على تقديم المطالبة

Home
 Claim
 Claim Submission
 My Claims
 Endorsement

English

Last Login Date and Time
20-11-2025 12:33:03 PM

Worker Name

UID / Emirates ID

Passport number

Nationality

Category B

Private

Year of Birth

Gender

Category B

Private

Year of Birth

Gender

1 Installment payments

Total premium paid : AED 252

Total premium due : AED 0

Last payment received
AED 252 on 17-09-2025 11:00:42 AM

You have fully paid the policy premium
AED 252

COI number:

Payment option: Yearly

Policy duration: 2 Year(s)

Inception date: 22-09-2023

Expiry date: 21-09-2027

Policy Type: Renewal

Total Premium 252

View Policy Details

View Statement

S.No	Certificate of Insurance / Endorsement	Type	Status	Inception Date	Expiry Date	Duration	Payment Option	Suspended Status	Download
1		Policy	Expired	22-09-2023	21-09-2025	2 Years	Full/Annual	No	
2		Policy	Active	22-09-2025	21-09-2027	2 Years	Full/Annual	No	

Got any problem ?
Please Reach Us



04 قم بتأكيد بيانات التواصل الخاصة بك، ثم اضغط على "المتابعة إلى عملية المطالبة".

- هل تحتاج إلى تحديث بيانات التواصل الخاصة بك؟ تواصل معنا على 600599555
- اضغط على "المتابعة إلى عملية المطالبة".

The screenshot displays the user interface of the Involuntary Loss of Employment Scheme in UAE portal. The top navigation bar includes the logo, language selection (English), and login information (Last Login Date and Time: 20-11-2025 12:33:03 PM). The left sidebar contains navigation links: Home, Claim, Claim Submission, My Claims, and Endorsement. The main content area is titled "Claim Notification" and contains a form for submitting a claim. The form includes fields for Employee Name, Policy Duration (2 Years), Mobile No., Payment Option (Yearly), Coverage Period (22-09-2025 to 21-09-2027), and Email ID. A "Certificate of Insurance" dropdown menu is also present. A red note below the form states: "(Please contact call center to update your Mobile No. and Email)". A large blue arrow points to a button labeled "Proceed your Claim Process" which is highlighted with a red border.



05 معلومات يجب معرفتها عند تقديم مطالبتك

• اضغط موافق

The screenshot displays the ILOE portal interface. The top navigation bar includes the logo, language selection (English), and login information (Last Login Date and Time: 20-11-2025 12:33:03 PM). The left sidebar contains links for Home, Claim, Claim Submission, My Claims, and Endorsement. The main content area is titled "Claim Notification" and contains a form with the following fields:

- Certificate of Insurance: [Dropdown menu]
- Employee Name: [Text field]
- Policy Duration: 2 Years
- Mobile No: [Text field]
- Payment Option: Yearly
- Coverage Period: 22-09-2025 to 21-09-2027
- Email ID: [Text field]

Below the form, a confirmation dialog box is displayed with the following text:

Kindly note that you need to cancel your work permit if you are working under MOHRE (Cancel your Employment No. if you are working with FAHR) before submitting claim.

Also please note that your claim needs to meet the below conditions to be validated:

- On Unemployment's date, you were subscribed to the ILOE for at least 12 consecutive months without cancellation
- Your unemployment is for a reason other than RESIGNATION or a disciplinary action
- You are legally resident in the UAE
- You are submitting your claim within 30 days of the date of the termination
- You are not reported as an absconded worker
- You paid the ILOE's due premium

At the bottom of the dialog, there is a large blue arrow pointing right and an "OK" button.

At the bottom left of the portal, there is a "Got any problem? Please Reach Us" button with a headset icon.

تأكيد تاريخ وسبب انتهاء الخدمة

06

إذا كان تاريخ وسبب الإلغاء المذكورين غير صحيحين، يجب عليك إضافة ملاحظات وتحمل المستندات الداعمة.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method * Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests * Required

Bank Name * Required --Select-- Account Number * Required

IBAN No. * Required AE IBAN Number Account Number

Account Holder Name * Required

Account Holder Name

Documents

Please select Document Type and Upload * Required

--Select--

Submit Claim Reset Close



نظام التأمين ضد التمكن عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

اختر "نعم" لتأكيد سبب وتاريخ الإلغاء إذا كانا صحيحين.

Claim Notification

Certificate of Insurance Employee Name: Policy Duration: 1 Year Payment Option: Yearly

Mobile No: Coverage Period: 01-01-2023 to 31-12-2023

Email ID:

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Submit Claim Reset Close

Got any problem ? Please Reach Us



طريقة إستلام التعويض شركة الصرافة – التحويل البنكي

07



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

يرجى اختيار القناة المفضلة لديك لإستلام التعويض في حال تمت الموافقة على المطالبة:

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method * Required ☒ Bank ☐ Exchange House



08 طريقة إستلام التعويض – التحويل البنكي

اختر اسم البنك وأدخل تفاصيل حسابك البنكي،
بما في ذلك رقم الآيبان، رقم الحساب، واسم صاحب الحساب.

- قم بالتأكد أن شركة دبي للتأمين ستقوم بحفظ بيانات حسابك البنكي واستخدامها للطلبات المستقبلية.
- يرجى ملاحظة أن نظام التأمين ضد التعطل عن العمل لا يملك إمكانية التحقق من صحة رقم الآيبان الخاص بك، لذلك يُرجى التأكد من أن رقم الآيبان صحيح قبل تقديم المطالبة.



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "N/A".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload : Required

--Select--

Submit Claim Reset Close

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "N/A".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload : Required

--Select--

Submit Claim Reset Close



10 طريقة إستلام التعويض – شركة الصرافة

- يرجى اختيار مقدم خدمة الصرافة الذي تفضل استلام مبلغ التعويض من خلاله.



نظام التأمين ضد التعمّل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required --Select--

Emirates ID: Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim Reset Close





• اضغط على "تقديم المطالبة".

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason :

THAT

Cancellation Date :

THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required

--Select--

Emirates ID:

Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim

Reset

Close





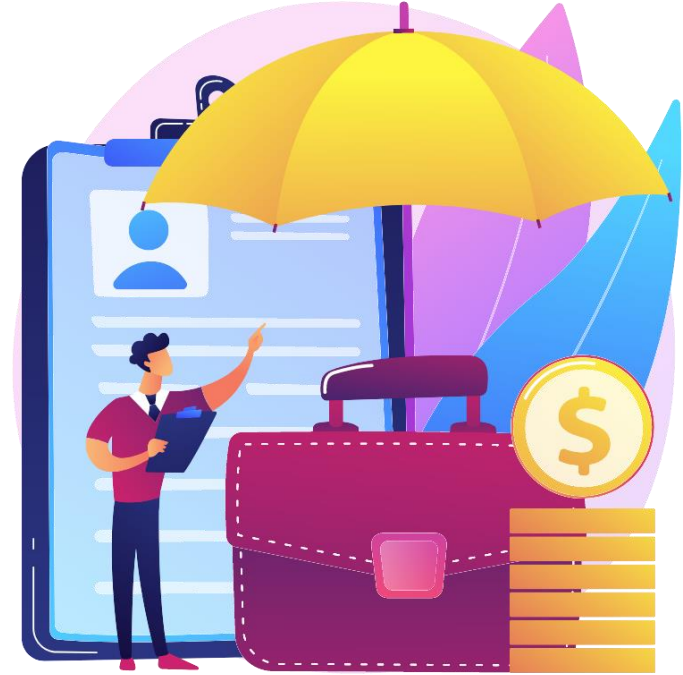
سيتم إرسال التحديثات المتعلقة بالمطالبة إلى البريد الإلكتروني المسجل.
وفي حال رغبتك في تحديث بيانات التواصل الخاصة بك، يُرجى الاتصال بنا
على الرقم 60059955



هل تعمل في القطاع الحكومي الإتحادي؟ إليك كيفية تقديم مطالبتك



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE



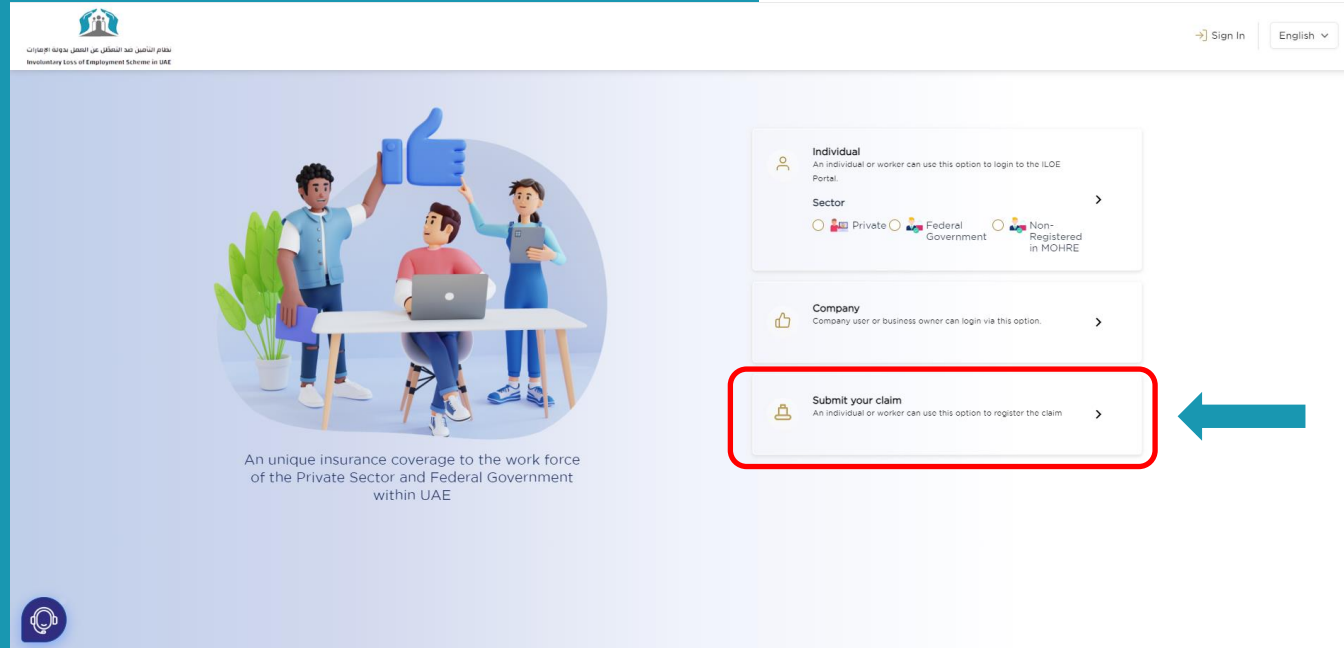
فقدت عملك؟ نحن هنا لنضمن لك الحماية



01 زيارة الموقع:

<https://www.diniloe.ae/nsure/login/#/>

- اضغط على "قدم مطالبتك".



نظام التأمين ضد التمكن عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Individual
An individual or worker can use this option to login to the ILOE Portal.

Sector

Private Federal Government Non-Registered in MOHRE

Company
Company user or business owner can login via this option.

Submit your claim
An individual or worker can use this option to register the claim

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE



02 أدخل رقم الهوية الإماراتية ورقم الهاتف المتحرك

- قم بتسجيل الدخول باستخدام رمز التحقق (OTP)
- أدخل الرقم الموحد UID أو رقم الهوية الإماراتية EID المستخدم أثناء الاشتراك.
- تأكد من إدخال رقم الهاتف المتحرك بالصيغة الصحيحة: مثال: x-xxxxxxx5
- أدخل تاريخ ميلادك.
- اطلب إرسال رمز التحقق (OTP) إلى رقم الهاتف المُدخل.
- أدخل رمز التحقق لإتمام عملية تسجيل الدخول بنجاح.

نظام التأمين ضد التعطل عن العمل بدولة الإمارات
 Involuntary Loss of Employment Scheme in UAE

Sign In English

Back

Sign In - Select your way of login

☒ With OTP
 ☐ Registered User

* Required

UID / Emirates ID

* Required

+971 Mobile Number

* Required

Date of Birth

Request OTP

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE



03 اضغط على تقديم المطالبة

Home
 Claim
 Claim Submission
 My Claims
 Endorsement

English

Last Login Date and Time
20-11-2025 12:33:03 PM

Worker Name

UID / Emirates ID

Passport number

Nationality

Category B

Private

Year of Birth

Gender

Category B

Private

Year of Birth

Gender

Change Sector

-- Select --

Policy details

COI number:

Payment option: Yearly

Policy duration: 2 Year(s)

Inception date: 22-09-2023

Expiry date: 21-09-2027

Policy Type: Renewal

Total Premium 252

1 Installment payments

Total premium paid : AED 252

Total premium due : AED 0

Last payment received
AED 252 on 17-09-2025 11:00:42 AM

You have fully paid the policy premium
AED 252

View Policy Details

View Statement

S.No	Certificate of Insurance / Endorsement	Type	Status	Inception Date	Expiry Date	Duration	Payment Option	Suspended Status	Download
1		Policy	Expired	22-09-2023	21-09-2025	2 Years	Full/Annual	No	
2		Policy	Active	22-09-2025	21-09-2027	2 Years	Full/Annual	No	

Got any problem ?
Please Reach Us





04 قم بتأكيد بيانات التواصل الخاصة بك، ثم اضغط على "المتابعة إلى عملية المطالبة".

- هل تحتاج إلى تحديث بيانات التواصل الخاصة بك؟ تواصل معنا على 600599555
- اضغط على "المتابعة إلى عملية المطالبة".

The screenshot displays the user interface of the Involuntary Loss of Employment Scheme in UAE portal. The top navigation bar includes the logo, language selection (English), and login information (Last Login Date and Time: 20-11-2025 12:33:03 PM). The left sidebar contains navigation links: Home, Claim, Claim Submission, My Claims, and Endorsement. The main content area is titled "Claim Notification" and contains a form for submitting a claim. The form includes fields for Employee Name, Policy Duration (2 Years), Mobile No., Payment Option (Yearly), Coverage Period (22-09-2025 to 21-09-2027), and Email ID. A red note below the Mobile No. field states: "(Please contact call center to update your Mobile No. and Email)". A large blue arrow points to a button labeled "Proceed your Claim Process" which is highlighted with a red border.



05 معلومات يجب معرفتها عند تقديم مطالبتك

• اضغط موافق

The screenshot displays the ILOE portal interface. On the left is a sidebar with navigation links: Home, Claim, Claim Submission, My Claims, and Endorsement. The main area is titled 'Claim Notification' and contains a form with the following fields:

- Certificate of Insurance:** A dropdown menu.
- Employee Name:** A text input field.
- Policy Duration:** A dropdown menu showing '2 Years'.
- Mobile No:** A text input field.
- Payment Option:** A dropdown menu showing 'Yearly'.
- Coverage Period:** A text input field showing '22-09-2025 to 21-09-2027'.
- Email ID:** A text input field.

Below the form, a modal dialog box is displayed with the following text:

Kindly note that you need to cancel your work permit if you are working under MOHRE (Cancel your Employment No. if you are working with FAHR) before submitting claim.

Also please note that your claim needs to meet the below conditions to be validated:

- On Unemployment's date, you were subscribed to the ILOE for at least 12 consecutive months without cancellation
- Your unemployment is for a reason other than RESIGNATION or a disciplinary action
- You are legally resident in the UAE
- You are submitting your claim within 30 days of the date of the termination
- You are not reported as an absconded worker
- You paid the ILOE's due premium

At the bottom of the dialog, there is a large blue arrow pointing right and an 'OK' button.

At the bottom left of the portal, there is a chat icon and the text: 'Got any problem ? Please Reach Us'.

06 تأكيد تاريخ وسبب التعطل عن العمل



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

اختر سبب التعطل عن العمل وآخر يوم عمل، ثم اضغط على "نعم" لتأكيد المعلومات التي قمت بإدخالها.

Claim Notification

Employee Name : Payment Option : Yearly

Certificate of Insurance : Policy Duration : 1 Year Coverage Period : 12-04-2023 to 11-04-2024

Mobile No : Email ID :

MOHRE / FAHR / Non-Registered in Mohre

Reason of the Unemployment : * Required --Select-- Last Working Date : * Required

Please add actual last working date

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "N/A"

I confirm the above Cancellation reason and Date are correct * Required ☒ Yes ☐ No



07 قم بتحميل المستندات الداعمة الخاصة بك

ملاحظة: قبل تحميل أي ملف، يُرجى التأكد من الآتي:

- اختيار نوع المستند الصحيح من القائمة المنسدلة (مثل: بطاقة الهوية الإماراتية / جواز السفر والتأشيرة) تحميل ملف الهوية الإماراتية
- تحميل المستند المطابق لنوع المستند الذي تم اختياره مثال: إذا اخترت "عقد العمل" من القائمة يجب تحميل ملف عقد العمل فقط.
- التأكد من أن المستند واضح وساري المفعول وقابل للقراءة.
- يجب ألا يتجاوز الحجم الإجمالي لجميع الملفات المرفوعة 5 ميغابايت.

عند تقديم مطالبتك،
يرجى اختيار المستندات ذات الصلة من القائمة أدناه وتحميلها:

- 1- بطاقة الهوية الإماراتية، جواز السفر، وتأشيرة الإقامة
- 2- عقد العمل
- 3- خطاب إنهاء الخدمة أو الاستقالة
- 4- إلغاء الإقامة (يُستثنى من هذا المتطلب مواطنو دولة الإمارات، مواطنو دول مجلس التعاون الخليجي، وحاملو الإقامة الذهبية)
- 5- كشف الحساب البنكي
- 6- الشكوى العمالية (مطلوبة فقط في حال وجود شكوى عمالية)
- 7- تقرير الدخول والخروج (يُستثنى من هذا المتطلب مواطنو دولة الإمارات فقط)
- 8- المستندات الداعمة

Document

Please select Document Type and Upload:

--Select--



طريقة إستلام التعويض شركة الصرافة – التحويل البنكي

08



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

يرجى اختيار القناة المفضلة لديك لإستلام التعويض في حال تمت الموافقة على المطالبة:

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method * Required ☒ Bank ☐ Exchange House



09 طريقة إستلام التعويض – التحويل البنكي

اختر اسم البنك وأدخل تفاصيل حسابك البنكي،
بما في ذلك رقم الآيبان، رقم الحساب، واسم صاحب الحساب.

- قم بالتأكد أن شركة دبي للتأمين ستقوم بحفظ بيانات حسابك البنكي واستخدامها للطلبات المستقبلية.
- يرجى ملاحظة أن نظام التأمين ضد التعطل عن العمل لا يملك إمكانية التحقق من صحة رقم الآيبان الخاص بك، لذلك يُرجى التأكد من أن رقم الآيبان صحيح قبل تقديم المطالبة.



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "N/A".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload: Required

--Select--

Submit Claim Reset Close

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "N/A".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload: Required

--Select--

Submit Claim Reset Close



23 10 طريقة إستلام التعويض – شركة الصرافة

- يرجى اختيار مقدم خدمة الصرافة الذي تفضل
استلام مبلغ التعويض من خلاله.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required --Select--

Emirates ID: Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim Reset Close





• اضغط على "تقديم المطالبة".

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason :

THAT

Cancellation Date :

THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required

--Select--

Emirates ID:

Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim

Reset

Close



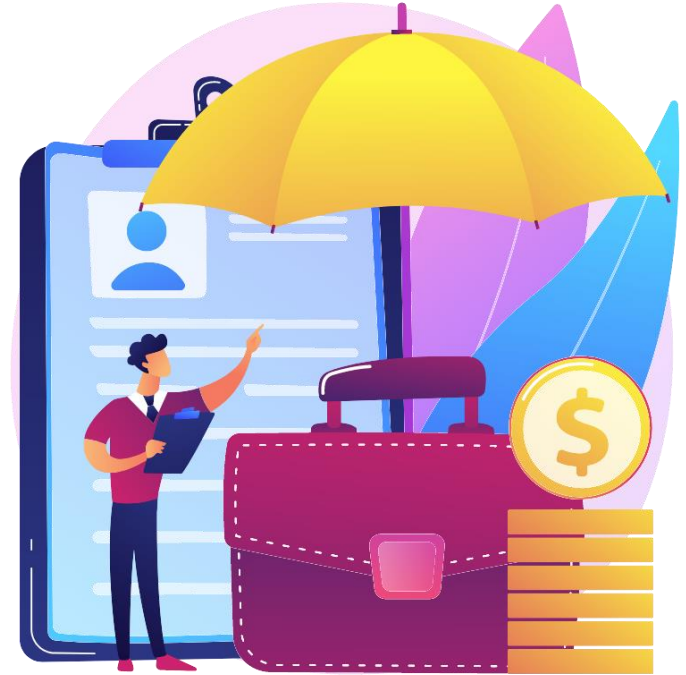


سيتم إرسال التحديثات المتعلقة بالمطالبة إلى البريد الإلكتروني المسجل.
وفي حال رغبتك في تحديث بيانات التواصل الخاصة بك، يُرجى الاتصال بنا
على الرقم 60059955



هل تعمل في قطاع الغير مسجلين
بأنظمة الوزارة؟
إليك كيفية تقديم مطالبتك

نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE



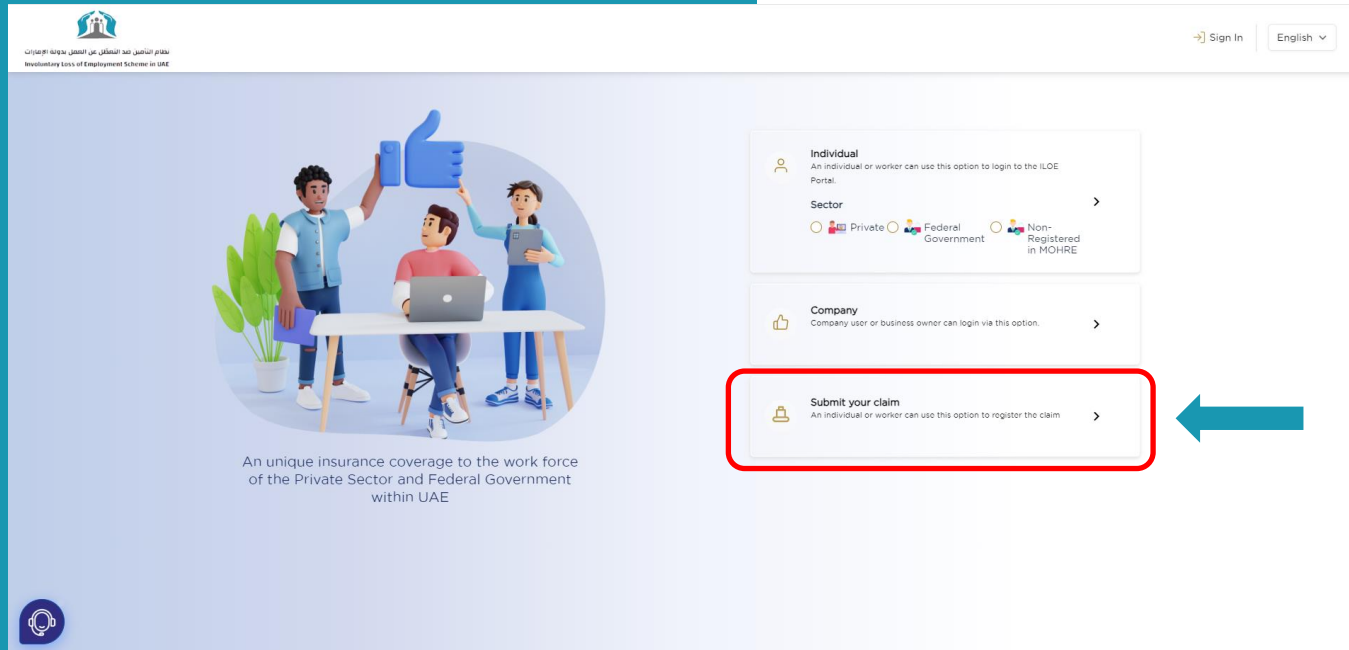
فقدت عملك؟ نحن هنا لنضمن لك الحماية



01 زيارة الموقع:

<https://www.diniloe.ae/nsure/login/#/>

- اضغط على "قدم مطالبتك".



نظام التأمين ضد التمكن عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Individual
An individual or worker can use this option to login to the ILOE Portal.

Sector
Private Federal Government Non-Registered in MOHRE

Company
Company user or business owner can login via this option.

Submit your claim
An individual or worker can use this option to register the claim


An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE






02 أدخل رقم الهوية الإماراتية ورقم الهاتف المتحرك

- قم بتسجيل الدخول باستخدام رمز التحقق (OTP)
- أدخل الرقم الموحد UID أو رقم الهوية الإماراتية EID المستخدم أثناء الاشتراك.
- تأكد من إدخال رقم الهاتف المتحرك بالصيغة الصحيحة: مثال: x-xxxxxxx5
- أدخل تاريخ ميلادك.
- اطلب إرسال رمز التحقق (OTP) إلى رقم الهاتف المُدخل.
- أدخل رمز التحقق لإتمام عملية تسجيل الدخول بنجاح.


 نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE



An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE

[Sign In](#) | [English](#)

[Back](#)

Sign In - Select your way of login

☒ With OTP
 ☐ Registered User

* Required
 UID / Emirates ID

* Required
 +971 Mobile Number

* Required
 Date of Birth





03 اضغط على تقديم المطالبة

Home
 Claim
 Claim Submission
 My Claims
 Endorsement

English

Last Login Date and Time
20-11-2025 12:33:03 PM

Worker Name

UID / Emirates ID

Passport number

Nationality

Category B

Private

Year of Birth

Gender

Category B

Private

Year of Birth

Gender

Change Sector

-- Select --

Policy details

COI number:

Payment option: Yearly

Policy duration: 2 Year(s)

Inception date: 22-09-2025

Expiry date: 21-09-2027

Policy Type: Renewal

Total Premium 252

1 Installment payments

Total premium paid : AED 252

Total premium due : AED 0

Last payment received
AED 252 on 17-09-2025 11:00:42 AM

You have fully paid the policy premium
AED 252

View Policy Details

View Statement

S.No	Certificate of Insurance / Endorsement	Type	Status	Inception Date	Expiry Date	Duration	Payment Option	Suspended Status	Download
1		Policy	Expired	22-09-2023	21-09-2025	2 Years	Full/Annual	No	
2		Policy	Active	22-09-2025	21-09-2027	2 Years	Full/Annual	No	

Got any problem ?
Please Reach Us





04 قم بتأكيد بيانات التواصل الخاصة بك، ثم اضغط على "المتابعة إلى عملية المطالبة".

- هل تحتاج إلى تحديث بيانات التواصل الخاصة بك؟ تواصل معنا على 600599555
- اضغط على "المتابعة إلى عملية المطالبة".

The screenshot displays the user interface of the Involuntary Loss of Employment Scheme in UAE portal. The top navigation bar includes the logo, language selection (English), and login information (Last Login Date and Time: 20-11-2025 12:33:03 PM). The left sidebar contains navigation links: Home, Claim, Claim Submission, My Claims, and Endorsement. The main content area is titled "Claim Notification" and contains a form for submitting a claim. The form includes fields for Employee Name, Policy Duration (2 Years), Mobile No., Payment Option (Yearly), Coverage Period (22-09-2025 to 21-09-2027), and Email ID. A red note below the Mobile No. field states: "(Please contact call center to update your Mobile No. and Email)". A large blue arrow points to a button labeled "Proceed your Claim Process" which is highlighted with a red border.



05 معلومات يجب معرفتها عند تقديم مطالبتك

• اضغط موافق

The screenshot displays the ILOE portal interface. On the left is a sidebar with navigation links: Home, Claim, Claim Submission, My Claims, and Endorsement. The main area is titled 'Claim Notification' and contains a form with the following fields:

- Certificate of Insurance:** A dropdown menu.
- Employee Name:** A text input field.
- Policy Duration:** A dropdown menu showing '2 Years'.
- Mobile No:** A text input field.
- Payment Option:** A dropdown menu showing 'Yearly'.
- Coverage Period:** A text input field showing '22-09-2025 to 21-09-2027'.
- Email ID:** A text input field.

Below the form, there is a confirmation dialog box with the following text:

Kindly note that you need to cancel your work permit if you are working under MOHRE (Cancel your Employment No. if you are working with FAHR) before submitting claim.

Also please note that your claim needs to meet the below conditions to be validated:

- On Unemployment's date, you were subscribed to the ILOE for at least 12 consecutive months without cancellation
- Your unemployment is for a reason other than RESIGNATION or a disciplinary action
- You are legally resident in the UAE
- You are submitting your claim within 30 days of the date of the termination
- You are not reported as an absconded worker
- You paid the ILOE's due premium

At the bottom of the dialog box, there is a large blue arrow pointing right and an 'OK' button.

At the bottom left of the portal, there is a chat icon and the text: 'Got any problem ? Please Reach Us'.



06 تأكيد تاريخ وسبب التعطل عن العمل

اختر سبب التعطل عن العمل وآخر يوم عمل، ثم اضغط على "نعم" لتأكيد المعلومات التي قمت بإدخالها.

Claim Notification

Employee Name : Payment Option : Yearly

Certificate of Insurance Policy Duration : 1 Year Coverage Period : 12-04-2023 to 11-04-2024

Mobile No Email ID

MOHRE / FAHR / Non-Registered in Mohre

Reason of the Unemployment : * Required --Select-- Last Working Date : * Required

Please add actual last working date

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "N/A"

I confirm the above Cancellation reason and Date are correct * Required ☒ Yes ☐ No



07 قم بتحميل المستندات الداعمة الخاصة بك



نظام التأمين ضد التمثّل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

ملاحظة: قبل تحميل أي ملف، يُرجى التأكد من الآتي:

- اختيار نوع المستند الصحيح من القائمة المنسدلة (مثل: بطاقة الهوية الإماراتية / جواز السفر والتأشيرة) تحميل ملف الهوية الإماراتية
- تحميل المستند المطابق لنوع المستند الذي تم اختياره مثال: إذا اخترت "عقد العمل" من القائمة يجب تحميل ملف عقد العمل فقط.
- التأكد من أن المستند واضح وساري المفعول وقابل للقراءة.
- يجب ألا يتجاوز الحجم الإجمالي لجميع الملفات المرفوعة 5 ميغابايت.

Document

Please select Document Type and Upload:

--Select--

--Select--

Supporting Documents

Emirates ID, Passport and VISA

Employment Contract

Termination/Resignation Letter

Cancellation of Residency

Bank Statement

Labor Complaint

Entry / Exit Movements Report

عند تقديم مطالبتك،

يرجى اختيار المستندات ذات الصلة من القائمة أدناه وتحميلها:

- 1- بطاقة الهوية الإماراتية، جواز السفر، وتأشيرة الإقامة
- 2- عقد العمل
- 3- خطاب إنهاء الخدمة أو الاستقالة
- 4- إلغاء الإقامة (يُستثنى من هذا المتطلب مواطنو دولة الإمارات، مواطنو دول مجلس التعاون الخليجي، وحاملو الإقامة الذهبية)
- 5- كشف الحساب البنكي
- 6- الشكوى العمالية (مطلوبة فقط في حال وجود شكوى عمالية)
- 7- تقرير الدخول والخروج (يُستثنى من هذا المتطلب مواطنو دولة الإمارات فقط)
- 8- المستندات الداعمة



طريقة إستلام التعويض شركة الصرافة – التحويل البنكي

08



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

يرجى اختيار القناة المفضلة لديك لإستلام التعويض في حال تمت الموافقة على المطالبة:

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method * Required ☒ Bank ☐ Exchange House



09 طريقة إستلام التعويض – التحويل البنكي

اختر اسم البنك وأدخل تفاصيل حسابك البنكي
بما في ذلك رقم الآيبان، رقم الحساب، واسم صاحب الحساب.



نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

- قم بالتأكد أن شركة دبي للتأمين ستقوم بحفظ بيانات حسابك البنكي واستخدامها للطلبات المستقبلية.
- يرجى ملاحظة أن نظام التأمين ضد التعطل عن العمل لا يملك إمكانية التحقق من صحة رقم الآيبان الخاص بك، لذلك يُرجى التأكد من أن رقم الآيبان صحيح قبل تقديم المطالبة.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "N/A".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload : Required

--Select--

Submit Claim Reset Close

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "N/A".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload : Required

--Select--

Submit Claim Reset Close



36 10 طريقة إستلام التعويض – شركة الصرافة



نظام التأمين ضد التعمّل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

- يرجى اختيار مقدم خدمة الصرافة الذي تفضل
استلام مبلغ التعويض من خلاله.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason :

THAT

Cancellation Date :

THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required

--Select--

Emirates ID:

Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim

Reset

Close



11 تقديم المطالبة

• اضغط على "تقديم المطالبة".



نظام التأمين ضد التمكن عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason :

THAT

Cancellation Date :

THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required

--Select--

Emirates ID:

Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim

Reset

Close





سيتم إرسال التحديثات المتعلقة بالمطالبة إلى البريد الإلكتروني المسجل.
وفي حال رغبتك في تحديث بيانات التواصل الخاصة بك، يُرجى الاتصال بنا
على الرقم 60059955





نظام التأمين ضد التمكنل عن العمل بدونة الإمارات
Involuntary Loss of Employment Scheme in UAE

شكراً!!!

هل لديك مزيد من الإستفسارات؟



Claims@iloe.ae

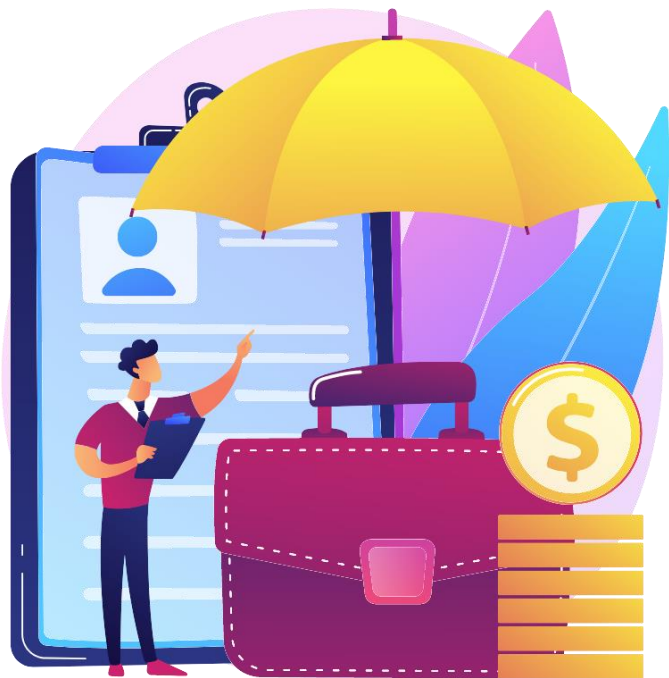


600 599 555





نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE



Are you a Private Sector Employee?
Here's how you can submit your claim



LOST YOUR JOB, WE GOT YOU COVERED





01 Visit our portal:

<https://www.diniloe.ae/nsure/login/#/>

- Choose submit your claim

نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Individual
An individual or worker can use this option to login to the ILOE Portal.

Sector
Private Federal Government Non-Registered in MOHRE

Company
Company user or business owner can login via this option.

Submit your claim
An individual or worker can use this option to register the claim

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE





02 Insert Emirates ID and mobile number

- Sign in using OTP verification.
- Enter your registered UID/EID number (the one used during subscription).
- Ensure the mobile number is entered in the correct format: Example: 5x-xxxxxxx
- Enter your Date of Birth.
- Request an OTP to be sent to the entered mobile number.
- Enter the OTP to successfully complete the login process.

نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Back

Sign In - Select your way of login

With OTP Registered User

UID / Emirates ID

+971 Mobile Number

Date of Birth

Request OTP

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE





03 Click Claim Submission

Home

Claim

Claim Submission

My Claims

Endorsement

Got any problem ?
Please Reach Us

Worker Name

UID / Emirates ID

Passport number

Nationality

Category B

Private

Year of Birth

Gender

1 Installment payments

Total premium paid : AED 252

Total premium due : AED 0

Last payment received AED 252 on 17-09-2025 11:00:42 AM

You have fully paid the policy premium AED 252

S.No	Certificate of Insurance / Endorsement	Type	Status	Inception Date	Expiry Date	Duration	Payment Option	Suspended Status	Download
1		Policy	Expired	22-09-2023	21-09-2025	2 Years	Full/Annual	No	
2		Policy	Active	22-09-2025	21-09-2027	2 Years	Full/Annual	No	



04 Confirm your contact details and click on Proceed to your Claim Process

- Need to update your contact details? Reach us at 600599555
- Click on Proceed to your Claim Process

نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

English ▾
Last Login Date and Time
20-11-2025 12:33:03 PM

Home

Claim

Claim Submission

My Claims

Endorsement

Claim Notification

Certificate of Insurance
[Redacted] ▾

Employee Name : [Redacted]

Policy Duration : 2 Years

Mobile No [Redacted]

Payment Option : Yearly

Coverage Period : 22-09-2025 to 21-09-2027

Email ID [Redacted]@gmail.com

(Please contact call center to update your Mobile No. and Email)

Proceed your Claim Process ➔





05 Information that you need to know when submitting your claim

- Press Ok

The screenshot displays the ILOE portal interface. The top navigation bar includes the logo, language selection (English), and login information (Last Login Date and Time: 20-11-2025 12:33:03 PM). The left sidebar contains links for Home, Claim, Claim Submission, My Claims, and Endorsement. The main content area is titled "Claim Notification" and shows a form for submitting a claim. The form includes fields for Employee Name, Policy Duration (2 Years), Mobile No., Payment Option (Yearly), Coverage Period (22-09-2025 to 21-09-2027), and Email ID. A modal dialog box is overlaid on the form, containing the following text:

Kindly note that you need to cancel your work permit if you are working under MOHRE (Cancel your Employment No. if you are working with FAHR) before submitting claim.

Also please note that your claim needs to meet the below conditions to be validated:

- On Unemployment's date, you were subscribed to the ILOE for at least 12 consecutive months without cancellation
- Your unemployment is for a reason other than RESIGNATION or a disciplinary action
- You are legally resident in the UAE
- You are submitting your claim within 30 days of the date of the termination
- You are not reported as an absconded worker
- You paid the ILOE's due premium

The modal dialog also features a large blue arrow pointing right and an "OK" button.





If the mentioned cancellation date and reason aren't correct, you need to add remarks and upload supporting documents

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA"

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method * Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests * Required

Bank Name * Required --Select-- Account Number * Required

IBAN No. * Required AE IBAN Number Account Number

Account Holder Name * Required

Account Holder Name

Documents

Please select Document Type and Upload * Required

--Select--

Submit Claim Reset Close

06 Confirming the unemployment Date and Reason

Choose yes to confirm the cancellation reason & date if correct

Claim Notification

Certificate of Insurance Employee Name: Policy Duration: 1 Year Payment Option: Yearly

Mobile No: Coverage Period: 01-01-2023 to 31-12-2023

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA"

I confirm the above Cancellation reason and Date are correct * Required ☒ Yes ☐ No

Submit Claim Reset Close

Got any problem ? Please Reach Up





07

Payment Method Exchange House – Bank Transfer

Kindly choose your preferred channel to receive the compensation in case of claim approval
Exchange house or Bank Transfer

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method * Required ☒ Bank ☐ Exchange House





1. Choose your Bank Name and add your bank account details.
2. IBAN Number, Account Number, and Account Holder Name.

08 Payment Method – Bank Transfer

- Confirm that Dubai Insurance will capture your bank details and use them for future requests
- Kindly note that the ILOE system won't have control over verifying your IBAN details. Please make sure your IBAN is correct before submitting your claim.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA"

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload : Required

--Select--

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA"

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload : Required

--Select--





9 Payment Method – Exchange House

1. Please select the Exchange provider through which you prefer to receive the compensation payment.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required --Select--

Emirates ID: Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim Reset Close





- Click Submit Claim

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required --Select--

Emirates ID: [Redacted]

Passport No: [Redacted]

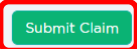


(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.
Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.



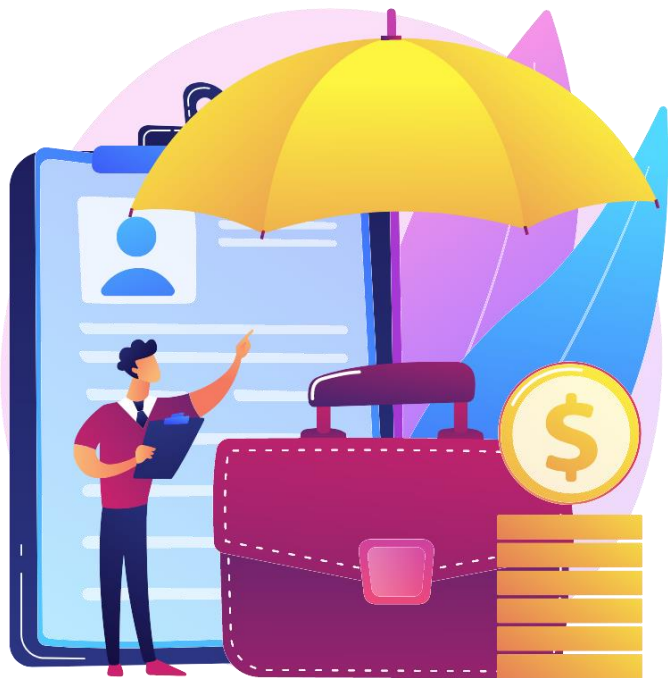


1. Updates regarding the claim will be sent to the registered Email case you want to update your contact details, kindly contact **600599555.**





نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE



**Are you a Federal Government Employee?
Here's how you can submit your claim**



LOST YOUR JOB, WE GOT YOU COVERED





نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

01 Visit our portal:

<https://www.diniloe.ae/nsure/login/#/>

- Choose submit your claim

نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Individual
An individual or worker can use this option to login to the ILOE Portal.

Sector
Private Federal Government Non-Registered in MOHRE

Company
Company user or business owner can login via this option.

Submit your claim
An individual or worker can use this option to register the claim

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE





02 Insert Emirates ID and mobile number

- Sign in using OTP verification.
- Enter your registered UID/EID number (the one used during subscription).
- Ensure the mobile number is entered in the correct format: Example: 5x-xxxxxxx
- Enter your Date of Birth.
- Request an OTP to be sent to the entered mobile number.
- Enter the OTP to successfully complete the login process.

نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Back

Sign In - Select your way of login

With OTP Registered User

UID / Emirates ID

+971 Mobile Number

Date of Birth

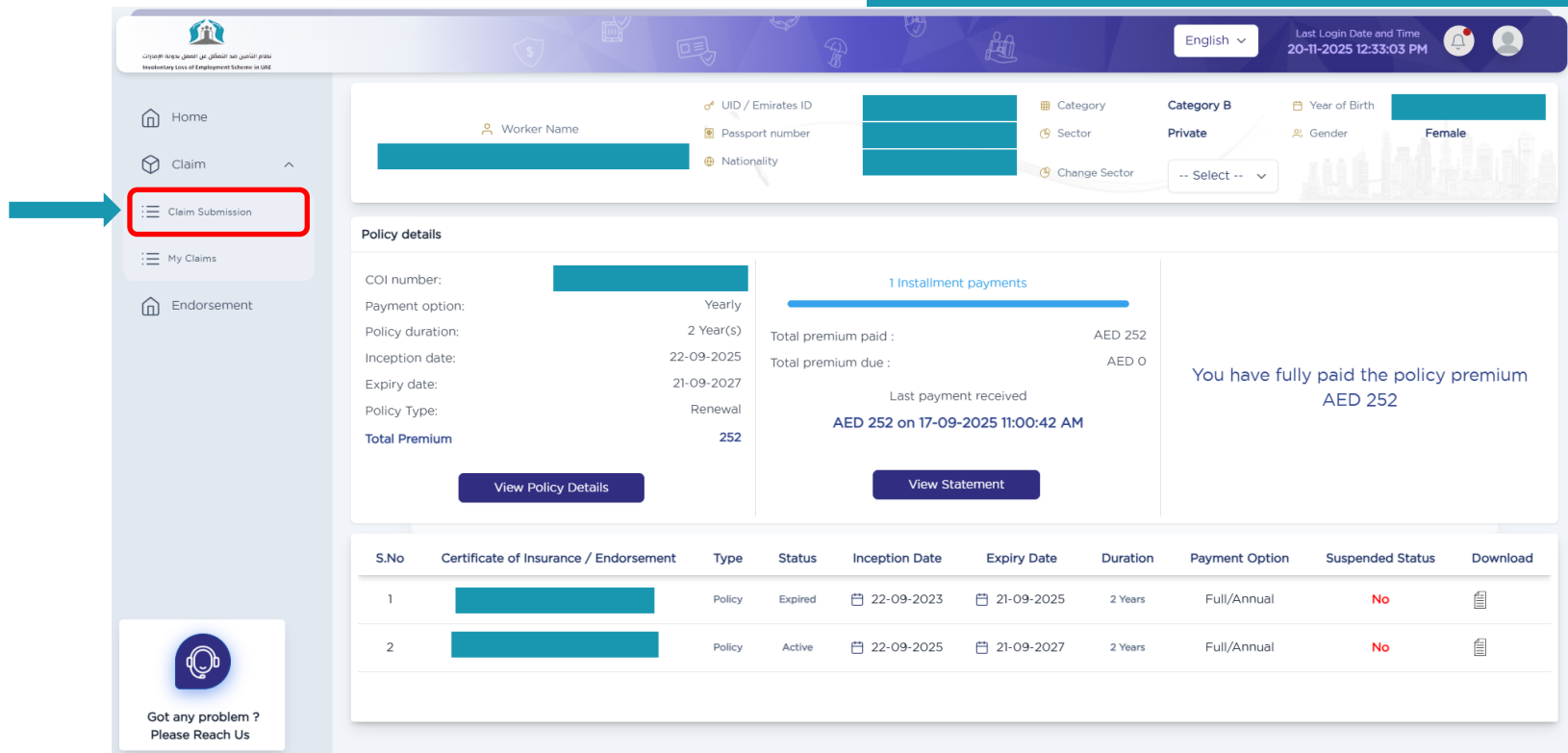
Request OTP

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE





03 Click Claim Submission



The screenshot shows the user interface of the Involuntary Loss of Employment Scheme in UAE portal. A red box highlights the 'Claim Submission' option in the left sidebar, with a blue arrow pointing to it. The main content area displays the 'Policy details' for a specific policy, including the COI number, payment option, duration, inception and expiry dates, and the total premium. A progress bar indicates that 1 installment payment has been made. The status shows that the policy premium has been fully paid (AED 252) on 17-09-2025 at 11:00:42 AM. Below the policy details, a table lists the policy details, including the S.No, Certificate of Insurance / Endorsement, Type, Status, Inception Date, Expiry Date, Duration, Payment Option, Suspended Status, and a Download link.

Policy details

COI number: [Redacted]

Payment option: Yearly

Policy duration: 2 Year(s)

Inception date: 22-09-2025

Expiry date: 21-09-2027

Policy Type: Renewal

Total Premium: 252

1 Installment payments

Total premium paid : AED 252

Total premium due : AED 0

Last payment received
AED 252 on 17-09-2025 11:00:42 AM

You have fully paid the policy premium
AED 252

[View Policy Details](#) [View Statement](#)

S.No	Certificate of Insurance / Endorsement	Type	Status	Inception Date	Expiry Date	Duration	Payment Option	Suspended Status	Download
1	[Redacted]	Policy	Expired	22-09-2023	21-09-2025	2 Years	Full/Annual	No	
2	[Redacted]	Policy	Active	22-09-2025	21-09-2027	2 Years	Full/Annual	No	

**Got any problem ?
Please Reach Us**





04 Confirm your contact details and click on Proceed to your Claim Process

- Need to update your contact details? Reach us at 600599555
- Click on Proceed to your Claim Process

نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

English ▾
Last Login Date and Time
20-11-2025 12:33:03 PM

Home

Claim ^

Claim Submission

My Claims

Endorsement

Claim Notification

Certificate of Insurance

Employee Name :
Policy Duration :
Mobile No

2 Years

Payment Option :
Coverage Period :
Email ID

Yearly

22-09-2025 to 21-09-2027

@gmail.com

(Please contact call center to update your Mobile No. and Email)





05 Information that you need to know when submitting your claim

- Press Ok

The screenshot displays the ILOE portal interface. The top navigation bar includes the logo, language selection (English), and login information (Last Login Date and Time: 20-11-2025 12:33:03 PM). The left sidebar contains links for Home, Claim, Claim Submission, My Claims, and Endorsement. The main content area is titled "Claim Notification" and contains a form with the following fields:

Field	Value
Certificate of Insurance	[Redacted]
Employee Name	[Redacted]
Policy Duration	2 Years
Mobile No	[Redacted]
Payment Option	Yearly
Coverage Period	22-09-2025 to 21-09-2027
Email ID	[Redacted]

Below the form, a modal dialog box is displayed with the following text:

Kindly note that you need to cancel your work permit if you are working under MOHRE (Cancel your Employment No. if you are working with FAHR) before submitting claim.

Also please note that your claim needs to meet the below conditions to be validated:

- On Unemployment's date, you were subscribed to the ILOE for at least 12 consecutive months without cancellation
- Your unemployment is for a reason other than RESIGNATION or a disciplinary action
- You are legally resident in the UAE
- You are submitting your claim within 30 days of the date of the termination
- You are not reported as an absconded worker
- You paid the ILOE's due premium

At the bottom of the modal, there is a large blue arrow pointing right and a red "OK" button.





06 Confirming the unemployment Date and Reason

Select the unemployment reason and the last working date, then click “Yes” to confirm the information you have entered.

Claim Notification

Employee Name : [Redacted] Payment Option : Yearly
Policy Duration : 1 Year Coverage Period : 12-04-2023 to 11-04-2024
Mobile No [Redacted] Email ID [Redacted]

Certificate of Insurance [Redacted]

MOHRE / FAHR / Non-Registered in Mohre

Reason of the Unemployment : * Required --Select-- Last Working Date : * Required [Redacted]
Please add actual last working date

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA"

I confirm the above Cancellation reason and Date are correct * Required [Redacted] Yes No

Submit Claim Reset Close





نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Note: Before uploading any file, please make sure to:

Select the correct document type from the dropdown list

(e.g.: Emirates ID / Passport & Visa → upload Emirates ID file)

Upload the matching document based on the selected type

Example:

If you select “Employment Contract” from the list → upload the Employment Contract file only.

Ensure that your document is clear, valid, and readable

The total size of all uploaded files must not exceed 5 MB

Document

Please select Document Type and Upload:

--Select--



07 Upload your supporting documents

When submitting your claim, please select and upload the relevant documents from the list below:

- 1- Emirates ID, Passport, and VISA
- 2- Employment Contract
- 3- Termination / Resignation Letter
- 4- Cancellation of Residency (This requirement is exempt for UAE Nationals, GCC Nationals, and Golden Visa holders)
- 5- Bank Statement
- 6- Labor Complaint (Required only if there's an active labor complaint)
- 7- Entry / Exit Movements Report (This requirement is exempt for UAE Nationals only)
- 8- Supporting Documents





08 Payment Method Exchange House – Bank Transfer

Kindly choose your preferred channel to receive the compensation in case of claim approval
Exchange house or Bank Transfer

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method * Required ☒ Bank ☐ Exchange House





1. Choose your Bank Name and add your bank account details.
2. IBAN Number, Account Number, and Account Holder Name.

09 Payment Method – Bank Transfer

- Confirm that Dubai Insurance will capture your bank details and use them for future requests
- Kindly note that the ILOE system won't have control over verifying your IBAN details. Please make sure your IBAN is correct before submitting your claim.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload: Required

--Select--

Submit Claim Reset Close

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload: Required

--Select--

Submit Claim Reset Close





10 Payment Method – Exchange House

1. Please select the Exchange provider through which you prefer to receive the compensation payment.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☐ Bank ☒ Exchange House

Name of Exchange House : Required --Select--

Emirates ID: Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim Reset Close





- Click Submit Claim

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT

Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☐ Bank ☒ Exchange House

Name of Exchange House : Required

Emirates ID:

Passport No:

--Select--

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim

Reset

Close



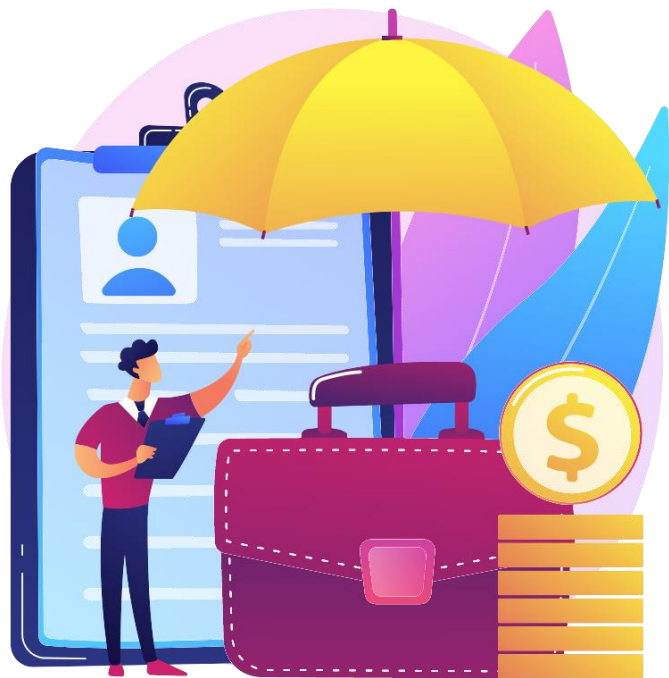


1. Updates regarding the claim will be sent to the registered Email case you want to update your contact details, kindly contact **600599555.**





نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE



Are you a Non-Registered in MOHRE Employee?
Here's how you can submit your claim



LOST YOUR JOB, WE GOT YOU COVERED





نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

01 Visit our portal:

<https://www.diniloe.ae/nsure/login/#/>

- Choose submit your claim

نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Individual
An individual or worker can use this option to login to the ILOE Portal.

Sector
Private Federal Government Non-Registered in MOHRE

Company
Company user or business owner can login via this option.

Submit your claim
An individual or worker can use this option to register the claim

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE





02 Insert Emirates ID and mobile number

- Sign in using OTP verification.
- Enter your registered UID/EID number (the one used during subscription).
- Ensure the mobile number is entered in the correct format: Example: 5x-xxxxxxx
- Enter your Date of Birth.
- Request an OTP to be sent to the entered mobile number.
- Enter the OTP to successfully complete the login process.

نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Sign In English

Back

Sign In - Select your way of login

With OTP Registered User

* Required

UID / Emirates ID

* Required

+971 Mobile Number

* Required

Date of Birth

Request OTP

An unique insurance coverage to the work force of the Private Sector and Federal Government within UAE





03 Click Claim Submission

Home

Claim

Claim Submission

My Claims

Endorsement

Got any problem ?
Please Reach Us

Worker Name

UID / Emirates ID

Passport number

Nationality

Category B

Private

Year of Birth

Gender

1 Installment payments

Total premium paid : AED 252

Total premium due : AED 0

Last payment received AED 252 on 17-09-2025 11:00:42 AM

You have fully paid the policy premium AED 252

S.No	Certificate of Insurance / Endorsement	Type	Status	Inception Date	Expiry Date	Duration	Payment Option	Suspended Status	Download
1		Policy	Expired	22-09-2023	21-09-2025	2 Years	Full/Annual	No	
2		Policy	Active	22-09-2025	21-09-2027	2 Years	Full/Annual	No	





04 Confirm your contact details and click on Proceed to your Claim Process

- Need to update your contact details? Reach us at 600599555
- Click on Proceed to your Claim Process

نظام التأمين ضد التوقف عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

English ▾
Last Login Date and Time
20-11-2025 12:33:03 PM

Home

Claim

Claim Submission

My Claims

Endorsement

Claim Notification

Certificate of Insurance

Employee Name :
Policy Duration :
Mobile No

2 Years

Payment Option :
Coverage Period :
Email ID

Yearly

22-09-2025 to 21-09-2027

@gmail.com

(Please contact call center to update your Mobile No. and Email)





05 Information that you need to know when submitting your claim

- Press Ok

The screenshot displays the user interface of the Involuntary Loss of Employment Scheme (ILOE) portal. The top navigation bar includes the logo, language selection (English), and login information (Last Login Date and Time: 20-11-2025 12:33:03 PM). The left sidebar contains navigation links: Home, Claim, Claim Submission, My Claims, and Endorsement. The main content area is titled "Claim Notification" and contains a form for submitting a claim. The form includes fields for Employee Name, Policy Duration (2 Years), Mobile No., Payment Option (Yearly), Coverage Period (22-09-2025 to 21-09-2027), and Email ID. A modal dialog box is overlaid on the form, displaying the following text:

Kindly note that you need to cancel your work permit if you are working under MOHRE (Cancel your Employment No. if you are working with FAHR) before submitting claim.

Also please note that your claim needs to meet the below conditions to be validated:

- On Unemployment's date, you were subscribed to the ILOE for at least 12 consecutive months without cancellation
- Your unemployment is for a reason other than RESIGNATION or a disciplinary action
- You are legally resident in the UAE
- You are submitting your claim within 30 days of the date of the termination
- You are not reported as an absconded worker
- You paid the ILOE's due premium

The modal dialog also features a large blue arrow pointing right and an "OK" button.





06 Confirming the unemployment Date and Reason

Select the unemployment reason and the last working date, then click “Yes” to confirm the information you have entered.

Claim Notification

Employee Name : [Redacted] Payment Option : Yearly
Policy Duration : 1 Year Coverage Period : 12-04-2023 to 11-04-2024
Mobile No [Redacted] Email ID [Redacted]

MOHRE / FAHR / Non-Registered in Mohre

Reason of the Unemployment : * Required --Select-- Last Working Date : * Required [Redacted]
Please add actual last working date

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be 'N/A'

I confirm the above Cancellation reason and Date are correct * Required Yes No

Submit Claim Reset Close





Note: Before uploading any file, please make sure to:

Select the correct document type from the dropdown list

(e.g.: Emirates ID / Passport & Visa → upload Emirates ID file)

Upload the matching document based on the selected type

Example:

If you select “Employment Contract” from the list → upload the Employment Contract file only.

Ensure that your document is clear, valid, and readable

The total size of all uploaded files must not exceed 5 MB

Document

Please select Document Type and Upload:

--Select--

--Select--

Supporting Documents

Emirates ID, Passport and VISA

Employment Contract

Termination/Resignation Letter

Cancellation of Residency

Bank Statement

Labor Complaint

Entry / Exit Movements Report



07 Upload your supporting documents

When submitting your claim, please select and upload the relevant documents from the list below:

- 1- Emirates ID, Passport, and VISA
- 2- Employment Contract
- 3- Termination / Resignation Letter
- 4- Cancellation of Residency (This requirement is exempt for UAE Nationals, GCC Nationals, and Golden Visa holders)
- 5- Bank Statement
- 6- Labor Complaint (Required only if there's an active labor complaint)
- 7- Entry / Exit Movements Report (This requirement is exempt for UAE Nationals only)
- 8- Supporting Documents





08 Payment Method Exchange House – Bank Transfer

Kindly choose your preferred channel to receive the compensation in case of claim approval
Exchange house or Bank Transfer

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method * Required ☒ Bank ☐ Exchange House





1. Choose your Bank Name and add your bank account details.
2. IBAN Number, Account Number, and Account Holder Name.

09 Payment Method – Bank Transfer

- Confirm that Dubai Insurance will capture your bank details and use them for future requests
- Kindly note that the ILOE system won't have control over verifying your IBAN details. Please make sure your IBAN is correct before submitting your claim.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload: Required

--Select--

Submit Claim Reset Close

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. : Required

Bank Name : Required IBAN No. : Required Account Number : Required

--Select-- AE IBAN Number

Account Holder Name : Required

Account Holder Name

Documents

Please select Document Type and Upload: Required

--Select--

Submit Claim Reset Close





10 Payment Method – Exchange House

1. Please select the Exchange provider through which you prefer to receive the compensation payment.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required --Select--

Emirates ID: Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

Submit Claim Reset Close





- Click Submit Claim

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct : Required ☐ Yes ☒ No

Remarks : Required

Type your comments

Payment Details

Choose your Payment Method : Required ☐ Bank ☒ Exchange House

Name of Exchange House : Required --Select--

Emirates ID: [Redacted]

Passport No: [Redacted]

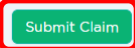


(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: Required

Supporting Documents

Drop files here or click to upload.
Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.





1. Updates regarding the claim will be sent to the registered Email case you want to update your contact details, kindly contact **600599555.**





نظام التأمين ضد التمكنل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Thanks!!

Do You Have Any Inquiries?



Claims@iloe.ae



600 599 555

