



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



# ILOE Claims

How to submit a claim?

LOST YOUR JOB, WE GOT YOU COVERED



# 01 Visit our portal:

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

- Choose submit your claim

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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 WITH OTP.
- Note that Mobile Number format should be as following: Exp: “5x-xxxxxxx”
- Request OTP to your Mobile Number.



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

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Sign In - Select your way of login

With OTP

Registered User

\* Required

UID / Emirates ID

\* Required

+971 Mobile Number

Request OTP





## 03 Click Claim Submission

Before submission a claims, the customer should cancel his work permit first

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 user information (Last Login Date and Time: 18-12-2023 11:33:43 AM). The left sidebar contains navigation options: Home, Claim, Claim Submission (highlighted with a blue arrow), and My Claims. The main content area shows the following details:

- Worker Information:** Worker Name, UID / Emirates ID, Passport number, Nationality, Category, Sector, Category A (Private), Year of Birth, Gender (Male).
- Policy Details:**
  - COI number: [Redacted]
  - Payment option: Yearly
  - Policy duration: 1 Year(s)
  - Inception date: 01-01-2024
  - Expiry date: 31-12-2024
  - Policy Type: Renewal
  - Total Premium: 63
- Payment Status:** 1 Installment payments. Total premium paid: AED 63. Total premium due: AED 0. Last payment received: AED 63 on 19-12-2023 12:48:48 PM.
- Message:** You have fully paid the policy premium AED 34.
- Buttons:** View Policy Details, View Statement.

S.No	Certificate of Insurance	Status	Inception Date	Expiry Date	Duration	Payment Option	Download
1	[Redacted]	Active	01-01-2024	31-12-2024	1 Year	Full/Annual	Download
2	[Redacted]	Active	01-01-2023	31-12-2023	1 Year	Full/Annual	Download

At the bottom left, there is a support icon and the text: "Got any problem? Please Reach Us".





# 04 Click on Proceed to your Claim Process

The screenshot displays the user interface of the Involuntary Loss of Employment Scheme in UAE. At the top, there is a navigation bar with the logo, the text 'نظام التأمين ضد التعطل عن العمل بدولة الإمارات' and 'Involuntary Loss of Employment Scheme in UAE', a language dropdown set to 'English', and the last login date and time '18-12-2023 11:33:43 AM'. Below the navigation bar is a sidebar menu with options: 'Home', 'Claim', 'Claim Submission', and 'My Claims'. The main content area is titled 'Claim Notification' and contains a form with the following fields:

Certificate of Insurance	Employee Name:	Payment Option :	Yearly
	Policy Duration : 1 Year	Coverage Period :	01-01-2023 to 31-12-2023
	Mobile No. <small>(Please contact call center to update your Mobile No. and Email)</small>	Email ID	

A red arrow points to the 'Proceed your Claim Process' button at the bottom right of the form.

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





# 05 Confirm the Cancellation reason & date

English Last Login Date and Time: 18-12-2023 11:33:43 AM

Home  
Claim  
Claim Submission  
My Claims

### Claim Notification

Certificate of Insurance	Employee Name:	Payment Option :	Yearly
	Policy Duration :	Coverage Period :	01-01-2023 to 31-12-2023
	Mobile No.:	Email ID	

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

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



# 06 Notes and supporting Documents

If the mentioned cancellation date and reason aren't correct you need to add remarks why it's not correct, 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 IBAN No. \* Required Account Number \* Required

--Select-- 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





1. 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.

## 07 Payment Method – Bank Transfer

2. Confirm that Dubai Ins will capture your bank details and use them for future requests

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

Account Holder Name \* Required

**Documents**

Please select Document Type and Upload: \* Required







# 08 Payment Method – Bank Transfer

1. Choose your Bank Name and add your bank account details.

IBAN Number, Account Number, and Account Holder Name.

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 Number

Account Holder Name \* Required

Account Holder Name

Documents

Please select Document Type and Upload: \* Required

--Select--

Submit Claim

Reset

Close





# 09 Payment Method – Exchange House

## 1. Choose the Name of the Exchange.

“Please note that to collect your payment you need to have a valid Emirates 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

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. Submit 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

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.



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updates regarding the claim  
will be sent to the registered  
Email Address  
and Mobile Number also at  
any time you can login to your  
account and check  
“My Claims”.

in case you want to update your  
contact details or If you have any  
questions / concerns in the  
meantime, please feel free to  
reach out to our ILOE Call Center  
on 600599555 or by email to  
[claims@iloe.ae](mailto:claims@iloe.ae)





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

# Thanks!!

Do You Have Any Inquiries?



[Claims@iloe.ae](mailto:Claims@iloe.ae)



600 599 555

