



UNITED ARAB EMIRATES  
MINISTRY OF HUMAN RESOURCES  
& EMIRATISATION



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

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

Sign In English

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

- 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



# 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 shows the user interface of the Involuntary Loss of Employment Scheme in UAE. 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 a menu with 'Home', 'Claim', 'Claim Submission', and 'My Claims'. The main content area is divided into sections for policy details and a table of certificates of insurance.

**Policy details**

COI number: [Blank]  
Payment option: Yearly  
Policy duration: 1 Year(s)  
Inception date: 01-01-2024  
Expiry date: 31-12-2024  
Policy Type: Renewal  
Total Premium: 63

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

You have fully paid the policy premium AED 63

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

S.No	Certificate of Insurance	Status	Inception Date	Expiry Date	Duration	Payment Option	Download
1		Active	01-01-2024	31-12-2024	1 Year	Full/Annual	<a href="#">Download</a>
2		Active	01-01-2023	31-12-2023	1 Year	Full/Annual	<a href="#">Download</a>

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. The top navigation bar includes the logo, language selection (English), and login information (Last Login Date and Time: 18-12-2023 11:33:43 AM). The main content 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: 1 Year.
- Mobile No.: A text input field with a red note below it: *(Please contact call center to update your Mobile No. and Email)*.
- Payment Option: Yearly.
- Coverage Period: 01-01-2023 to 31-12-2023.
- Email ID: A text input field.

A 'Proceed your Claim Process' button is located at the bottom right of the form. The left sidebar contains navigation options: Home, Claim, Claim Submission, and My Claims. A support icon is visible at the bottom left with the text 'Got any problem ? Please Reach Us'.



# 05

## Confirm the Cancellation reason & date

The screenshot displays the 'Claim Notification' form on the Involuntary Loss of Employment Scheme in UAE web portal. The form is divided into several sections:

- Header:** Includes the Ministry of Human Resources & Emiratisation logo, language selection (English), and last login date/time (18-12-2023 11:33:43 AM).
- Navigation:** A sidebar menu on the left contains 'Home', 'Claim', 'Claim Submission', and 'My Claims'. A blue arrow points to the 'Claim' menu item.
- Claim Notification Form:**
  - Certificate of Insurance:** A dropdown menu.
  - Employee Name:** A text field.
  - Policy Duration:** 1 Year.
  - Payment Option:** Yearly.
  - Coverage Period:** 01-01-2023 to 31-12-2023.
  - Mobile No.:** A text field with a red note: *(Please contact call center to update your Mobile No. and Email)*.
  - Email ID:** A text field.
- MOHRE / FAHR / Non-Registered in Mohre:**
  - Cancellation Reason:** THAT
  - Cancellation Date:** THAT
  - Note:** *Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".*
  - Confirmation:** I confirm the above Cancellation reason and Date are correct \* Required  Yes  No
- Buttons:** Submit Claim (green), Reset (purple), Close (grey).
- Footer:** A chatbot icon with the text '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 explaining 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 --Select-- IBAN No. \* Required AE IBAN Number Account Number \* Required Account Number

Account Holder Name \* Required Account Holder Name

Documents

Please select Document Type and Upload: \* Required --Select--

Submit Claim Reset Close



# 07

## Payment Method – Bank Transfer

**01** 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.

**02** 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 --Select-- IBAN No. \* Required AE IBAN Number Account Number \* Required Account Number

Account Holder Name \* Required Account Holder Name

**Documents**

Please select Document Type and Upload: \* Required --Select--

Submit Claim Reset Close





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

- IBAN Number
- Account Number
- Account Holder Name

# 08

## Payment Method – 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

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



# 09

## Payment Method – Exchange House

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

- Choose the Name of the Exchange

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:

*(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.



# 10

## Click Submit Claim

- 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  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@iloee.ae](mailto:claims@iloee.ae)**

