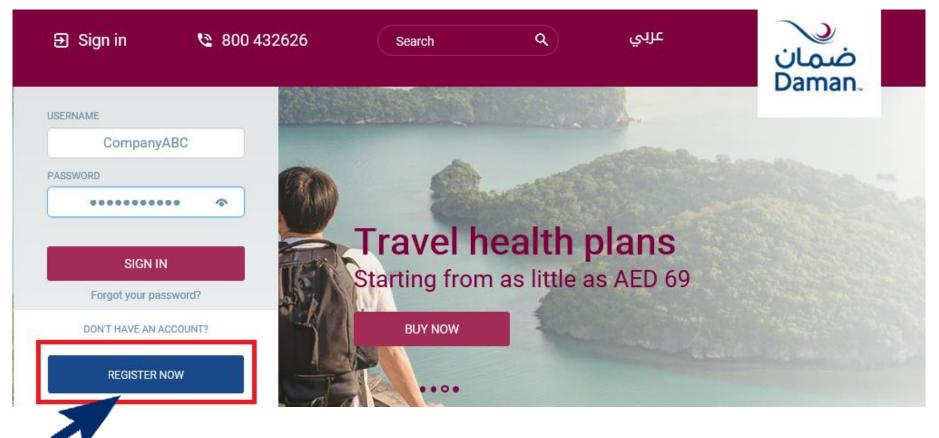


Visit our website **www.damanhealth.ae**

Click on "REGISTER NOW" button in order to create and activate your Daman account



Registration



Register as policy holder or sponsor, for the Compagnies and employees policy activation

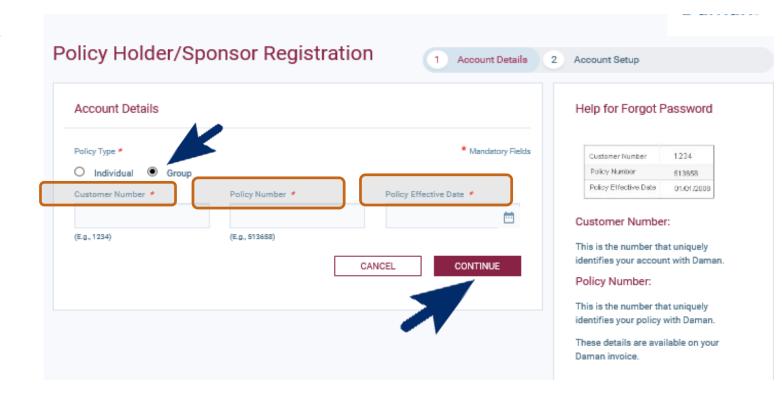
For policy holders and sponsors

Managing policies of your dependents such as housemaids or employees just got easier than ever. Add / remove members, customise their profiles, apply for claims and a whole lot more, with just a few clicks.

Register as policy holder or sponsor \rightarrow

To Register as **Policy holder Group,** Mandatory details to be filled as per invoice received in email, Then press on "CONTINUE button" to proceed

- Customer Number
- Policy Number
- Policy Effective Date



Account Setup



Set up your account by entering the below details:

- User Name
- Password
- Secret Question and answer

User Registration

< < Back

Register

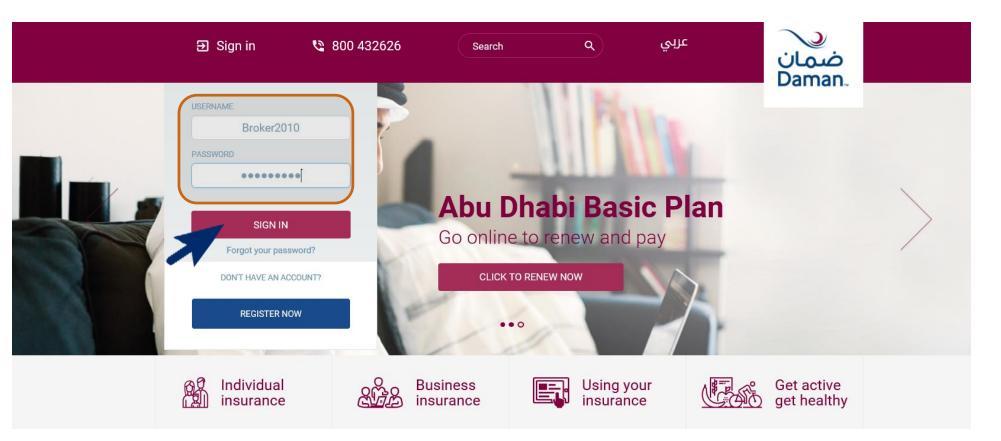
To Register, please enter your details and click continue

Account Setup :	Member			Back to Reg	gistration Home				
						Help for Regist	ration		
Account Details	Account Setup					CARD NUMBER		AN NAME	
		1		(*	Mandatory Fields)		POLICY NUMBER		
Thank you for confirm	ming your details.			X		05440591 tone No. 50xH No. 12	Age Policy No.: Effective 24 3937545 02/06/2	Inhanced Platinum • Date Expiry Date 013 01/06/2014	
Kindly enter the deta	ils below to complete yo	ur registration.				Limits : OP-Ded Co-ins :			
Username *	madhar2	2016	Check availability			NWUAE	: Exclusive 1 Abroad : W	w	
						AYSHA HAMAD			
User Name is availab	ble					DAMAN SAMPLE POLICY		Daman.	
Enter Password *			Passwords must be at uppercase character, c one special character	t least 9 characters in length and s one lowercase character, one num (except &, %, ', / and \).	should include one neric character and		NETW	ORK NAME	
password strength : su	ufficient					Card Number	:		
Confirm Password *						Card Number: This is the number that uniquely identifies your member number with Daman. Please refer the image above for n			
Secret Question *	What is y	our favorite city?		Ψ.		details.			
Answer *	Abu Dha	bi				Active Policy This is the nu		v identifie	s your policy with
_	erms and Conditions						e refer the image	-	

Sign In

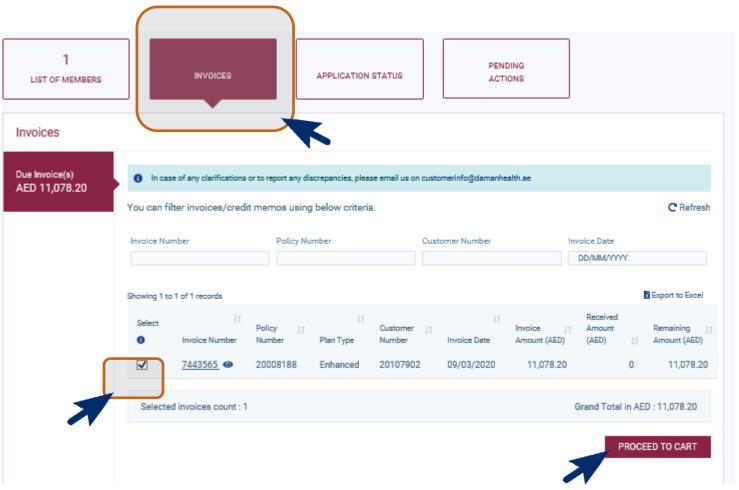


After Registration, sign in instantly using your username and password, **after activating the link received by email.**





- Click "Invoices" bottom :
- Invoices screen will displayed you will able to see the details such as: Policy Number & Grand.



 When you select the invoice, "Proceed to cart" button will displayed. Press the "Proceed to cart" button" to pay online stage

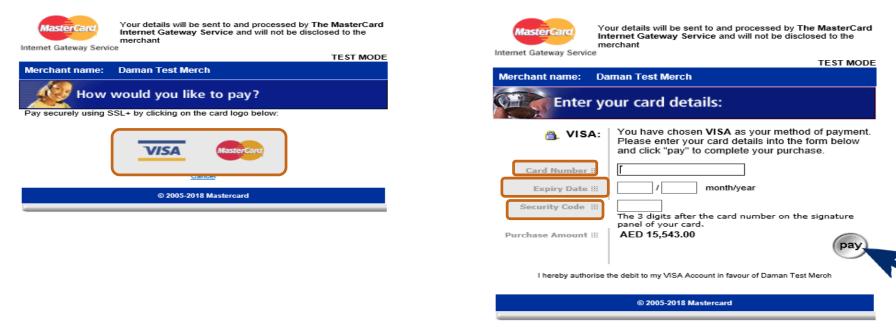


- Select " pay online" to show the process of the payment.
- Tick the "check box" declaration.
- Then click "pay online" button to proceed

							n your cart	are 1 items i	here
Remaining Amount (AEI	Received Amount (AED)	Invoice Amount (AED)	Transaction Type	Invoice Due Date	Invoice Date	Policy Number	Customer Number	Invoice Number	ũ
11078.2	0.0	11078.2	Invoice	10/03/2020	09/03/2020	20008188	20107902	7443565	Ō
11,078.20	and Total in AED	Gra							
11,0	and Total in AED	Grai				rment	ed mode of pay	your preferre	elect

Complete your Cart Payment





- If Select "Visa" or "Master card" Enter :
 - code number , Expiry Date & Security code
 - After payment through credit card payment confirmation is displayed with reference number .

Members cards will be automatically active after payment confirmation