

DEATH CLAIM FORM
BORANG TUNTUTAN KEMATIAN



Certificate No. <i>No. Sijil</i>	<input type="text"/>	New NRIC No. <i>No. KP Baru</i>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Certificate No. <i>No. Sijil</i>	<input type="text"/>	Old NRIC / Birth Certificate / Passport No.	<input type="text"/>
Certificate No. <i>No. Sijil</i>	<input type="text"/>	No. KP Lama / Sijil Kelahiran / Pasport	<input type="text"/>
Certificate No. <i>No. Sijil</i>	<input type="text"/>	Name of Deceased <i>Nama Si Mati</i>	<input type="text"/>

A. DECEASED'S PARTICULARS BUTIR-BUTIR SI MATI

<p>1. Last address <i>Alamat terakhir</i></p> <p>2. Nature of employment/business <i>Jenis pekerjaan/perniagaan</i></p> <p>3. Address of employer/business <i>Alamat majikan/perniagaan</i></p> <p>4. Marriage status at point of death <i>Status perkahwinan semasa kejadian mati</i></p> <p>5. Deceased's family member <i>Ahli keluarga Si Mati</i></p> <p>6. Religion <i>Agama</i></p> <p>7. Does the Deceased have any certificate with other takaful operators / insurers? <i>Adakah Si Mati mempunyai sijil dengan pengendali takaful / syarikat insurans yang lain?</i> If "Yes", please provide the details. <i>Jika "Ya", sila nyatakan butir-butir tersebut.</i></p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. <input type="checkbox"/> Single <i>Bujang</i> <input type="checkbox"/> Married <i>Berkahwin</i> <input type="checkbox"/> Divorced <i>Berceraai</i> <input type="checkbox"/> Widow <i>Duda/Janda</i></p> <p>5. <input type="checkbox"/> Spouse <i>Suami/Isteri</i> <input type="checkbox"/> Father <i>Bapa</i> <input type="checkbox"/> Mother <i>Ibu</i> <input type="checkbox"/> Child(ren) <i>Anak-anak</i> _____ person <i>orang</i> <input type="checkbox"/> Others. Please specify: _____ <i>Lain-lain. Sila nyatakan:</i></p> <p>6. <input type="checkbox"/> Muslim <i>Islam</i> <input type="checkbox"/> Non-Muslim <i>Bukan Islam</i></p> <p>7. <input type="checkbox"/> Yes <i>Ya</i> <input type="checkbox"/> No <i>Tidak</i></p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Certificate / Policy No. <i>No. Sijil / Polisi</i></th> <th style="width: 50%;">Takaful Operator / Company <i>Pengendali Takaful / Syarikat</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Certificate / Policy No. <i>No. Sijil / Polisi</i>	Takaful Operator / Company <i>Pengendali Takaful / Syarikat</i>				
Certificate / Policy No. <i>No. Sijil / Polisi</i>	Takaful Operator / Company <i>Pengendali Takaful / Syarikat</i>						

B. PAYMENT MODE CARA PEMBAYARAN

How do you wish to receive your claims cheque? *Bagaimana anda ingin menerima cek tuntutan anda?*

Mail to current correspondence address.
Mel ke alamat surat-menyurat terkini

Through authorised personnel to collect cheque (please attach Letter of Authorisation).
Melalui nama yang diberi kuasa untuk mengutip cek bagi pihak (sila sertakan Surat Kebenaran).

To be collected by claimant at Great Eastern Takaful's Office at _____
Dituntuti oleh penuntut di Pejabat Great Eastern Takaful

C. NATURE OF CLAIM AND RELATED DETAILS JENIS TUNTUTAN DAN BUTIR-BUTIR BERKENAAN

<p>1. Cause of death <i>Sebab kematian</i></p> <p>2. For death due to illness / natural death: <i>Bagi kematian kerana sakit / kematian biasa:</i></p> <p>(a) When did the Deceased first complain of, or give signs and symptoms of his / her last illness? <i>Bilakah Si Mati mula mengadu atau menunjukkan sebarang petanda penyakitnya yang terakhir?</i></p> <p>(b) When did the Deceased first consult a doctor for his / her last illness? <i>Bilakah Si Mati mula-mula berjumpa doktor untuk penyakitnya yang terakhir?</i></p> <p>(c) Name and address of doctor(s) who attended the Deceased for his / her last illness. <i>Nama dan alamat doktor-doktor yang merawat Si Mati semasa sakit terakhirnya.</i></p>	<p>1. _____</p> <p>2. _____</p> <p>(a) _____</p> <p>(b) _____</p> <p>(c) _____</p>																
<p>(d) Name and address of all doctors/hospitals who attended the Deceased for the last two years prior to death. <i>Nama dan alamat kesemua doktor/hospital yang merawat Si Mati dua tahun sebelum kematiannya.</i></p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 25%;">Name <i>Nama</i></th> <th style="width: 25%;">Address <i>Alamat</i></th> <th style="width: 25%;">Consultation Date <i>Tarikh Rawatan</i></th> <th style="width: 25%;">Diagnosis <i>Diagnosis</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name <i>Nama</i>	Address <i>Alamat</i>	Consultation Date <i>Tarikh Rawatan</i>	Diagnosis <i>Diagnosis</i>												
Name <i>Nama</i>	Address <i>Alamat</i>	Consultation Date <i>Tarikh Rawatan</i>	Diagnosis <i>Diagnosis</i>														

C. NATURE OF CLAIM AND RELATED DETAILS *JENIS TUNTUTAN DAN BUTIR-BUTIR BERKENAAN*

3. For death due to accident:

Bagi kematian kerana kemalangan:

(a) Date and time of accident

Tarikh dan waktu kemalangan(b) Place of accident *Tempat kemalangan*

(c) How the accident happened?

Bagaimana kemalangan berlaku?

(d) Was the accident reported to the police?

Adakah kemalangan dilaporkan kepada polis?

(e) Was the accident reported in the newspaper?

Adakah kemalangan dilaporkan kepada di akhbar?

(f) Was the post-mortem carried out?

Adakah bedah siasat dilakukan?

3.

(a) / / (dd/mm/yyyy) a.m. / p.m.
(hh/bb/tttt) pagi / petang

(b) _____

(c) _____

(d) Yes *Ya* No *Tidak*(e) Yes *Ya* No *Tidak*(f) Yes *Ya* No *Tidak***DECLARATION & AUTHORISATION BY THE CLAIMANT *PENGAKUAN & PEMBERIKUASA OLEH PENUNTUT***

I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for administration of the Deceased's estate. I declare that all answers given by me in this claim form are, to the best of my knowledge and belief, true and complete. I hereby authorise and give my consent to the Takaful Operator to seek further information from any doctor, medical practitioner, physician, hospital, laboratory, surgeon, nurse, medical staff, clinic or takaful operator or other organization, institutions or persons that may have any records or knowledge of the Deceased's health or medical history ("Information Provider"), and expressly waive on behalf or myself and/or as next-of-kin of the Deceased and for his/her estate hereunder, all provision of law or professional ethics forbidding any Information Provider from disclosing any information acquired while attending to the Deceased in a professional capacity. I hereby declare that I have full right power and authority to grant the authorization and consent provided herein and, wherever applicable, have procure the consent of the person(s) entitled to the policy moneys.

I further agree that the furnishing of this claim form or any other supplemental forms by the Takaful Operator will not be considered an admission that there was any insurance in force on the life of the Deceased with the Takaful Operator or be deemed a waiver of the Takaful Operator's right or defenses. This authorisation/consent is irrevocable and a copy of it will have the same effect and validity as the original.

Saya layak untuk menjadi wakil persendirian kepada Si Mati atau saya boleh bertindak dengan sewajarnya dan bagi pihak semua orang yang layak untuk memohon pengurusan harta Si Mati. Saya mengaku bahawa kesemua jawapan yang saya berikan di dalam borang tuntutan ini adalah benar dan lengkap menurut pengetahuan dan kepercayaan saya. Saya juga mengizinkan pihak Pengendali Takaful mengambil maklumat lanjut dari mana-mana pegawai perubatan, hospital atau klinik yang pernah merawat Si Mati atau majikan Si Mati sebelumnya atau dari mana-mana pengendali takaful yang Si Mati pernah mengemukakan borang cadangan, begitu juga dengan mengeluarkan maklumat tersebut. Dengan ini saya mengisytiharkan bahawa saya mempunyai kuasa penuh untuk memberi kebenaran dan keizinan seperti diberi di dalam ini, mana yang berkenaan, dan telah mendapat izin daripada individu yang berhak ke atas wang sivil.

Saya juga bersetuju bahawa penerimaan borang tuntutan ini atau borang-borang tambahan yang lain oleh pihak Pengendali Takaful tidak dikira sebagaiakuan bahawa semestinya takaful tersebut masih berkuat kuasa antara Si Mati dengan pihak Pengendali Takaful ataupun mengetepikan hak-hak atau pembelaan bagi pihak Pengendali Takaful.

Signature of Claimant
Tandatangan Penuntut

Are you the beneficiary of the certificate(s)?

Adakah anda benefisiari kepada sivil ini? Yes *Ya* No *Tidak*Name *Nama* _____NRIC No. *No. KP* _____

Relationship with the Deceased _____

Hubungan dengan Si Mati

Address _____

*Alamat*Date *Tarikh* _____Signature of Witness
*Tandatangan Saksi*Name *Nama* _____NRIC No. *No. KP* _____Tel. No. *No. Tel.* _____

Address _____

*Alamat*Date *Tarikh* _____**AGENT'S / OFFICER'S DECLARATION *PENGAKUAN EJEN / PEGAWAI***

I hereby declare that I have sighted the original *NRIC/passport/birth certificate of the person covered and claimant and verified the identity of the person covered and claimant through the use of such *NRIC/passport/birth certificate.

*Saya mengesahkan identiti orang yang dilindungi dan penuntut setelah melihat *kad pengenalan/pasport/sivil kelahiran yang asli.*

Signature of *agent / officer
*Tandatangan *ejen / pegawai*Name *Nama* _____

Agent No. / Staff ID _____

*No. Ejen / ID**Pegawai*Date *Tarikh* _____