

CLAIMANT'S STATEMENT - DEATH CLAIM KENYATAAN PENUNTUT - TUNTUTAN KEMATIAN

SECTION A / SEKSYEN A

1. Section A of this form is to be completed by the claimant who is legally entitled to policy moneys. / Seksyen A hendaklah diisi oleh penuntut yang berhak di sisi undang-undang menerima wang tuntutan polisi ini.
2. Every question must be fully answered and the Company reserves the right to require further information should it deem necessary. / Setiap soalan mestilah dijawab dengan lengkap dan Syarikat berhak untuk memohon maklumat tambahan jika perlu.
3. Submission of this Claim Form does not guarantee admission of liability. / Penyampaian Borang Tuntutan ini tidak menjamin penerimaan tuntutan insurans.

Contract No: No. Kontrak : _____			
Name of Deceased in Full : <i>Nama Penuh Simati</i> : _____			
Last Address of Deceased : <i>Alamat Terakhir Simati</i> : _____			
NRIC No. <i>No. K.P. Baru :</i> _____	Old I.C. No. <i>No K.P. Lama :</i> _____	Age <i>Umur :</i> _____	
Sex : <i>Jantina :</i> <input type="checkbox"/> Male <i>Lelaki</i> <input type="checkbox"/> Female <i>Perempuan</i>	Date of Birth <i>Tarikh Lahir :</i> _____		
Mobile Phone No. : <i>No. Telefon Bimbit :</i> _____	Office Phone No. : <i>Telefon Pejabat :</i> _____	House Phone No. : <i>No. Telefon Rumah :</i> _____	
Fax No. : <i>No. Fax :</i> _____	E-mail Address : <i>Alamat e-mail :</i> _____		
1. Occupation of Deceased at the time of death: <i>Pekerjaan Simati pada masa kematian :</i> _____ _____		3. Name & Address of the Employer / <i>Nama & Alamat Majikan :</i> _____ _____ _____	
2. Exact Nature of Business/Work/Duties at the time of death: <i>Maklumat tepat tentang pekerjaan dan tugas :</i> _____ _____		4. Employer's Telephone No : <i>Nombor Telefon Majikan :</i> _____	
5. If the deceased had other insurance policies with other Insurance Companies, please furnish details as follows: <i>Jika anda ada insurans polisi dengan Syarikat Insurans lain, sila berikan butir-butir berikut:</i>			
Name of Company <i>Nama Syarikat</i>	Policy No. <i>No. Polisi</i>	Amount of Insurance <i>Jumlah Insurans</i>	Dates Policies Issued <i>Tarikh berkuatkuasa polisi</i>
6. Date of Death <i>Tarikh Kematian</i> _____	7. Place of Death <i>Tempat kematian</i> _____	8. Cause of Death <i>Sebab Kematian</i> _____	
9. When did the deceased first complain of or give indication of his / her last illness? <i>Bilakah simati mula-mula mengadu atau memberi tanda tentang penyakit tersebut.</i> _____			
10. When did deceased first consult a Physician for his / her last illness? <i>Bilakah simati mula-mula menemui Doktor Perubatan mengenai penyakit tersebut.</i> _____			
11. Please state below names and addresses of every physician who attended to the deceased during his/her last illness. <i>Sila nyatakan berikut nama dan alamat setiap pegawai perubatan yang telah merawat simati semasa sakit terakhirnya:</i>			
Name and Addresses <i>Nama & Alamat</i>	Dates of Attendance <i>Tarikh Rawatan</i>	Diagnosis <i>Diagnosis</i>	



9. Death Due To Accident (Only required to be completed if the cause of death was due to an accident)
Kematian akibat kemalangan (Hanya perlu dilengkapkan Jika kematian disebabkan oleh kemalangan)

- a) Date & Time of Accident / Tarikh dan waktu kemalangan. _____
- b) Place of Accident / Tempat kemalangan. _____
- c) What was the deceased doing at the time of Accident / Apakah yang dilakukan oleh simati ketika kemalangan.

- d) Describe in detail how the Accident happened / Terangkan bagaimana kemalangan berlaku.

- e) Was the accident reported to the Police? Yes No
Adakah kemalangan dilaporkan kepada polis? Ya Tidak
If yes, please submit a certified copy of police report. / Jika ya, sertakan salinan sah laporan polis.
- f) Was the Accident reported in the newspaper Yes No
Adakah kemalangan dilaporkan di akhbar? Ya Tidak
If yes, please submit a certified copy of the reportage. / Jika ya, sertakan salinan sah keratan akhbar berkenaan.
- g) Was an inquest or post-mortem carried out Yes No
Adakah bedah siasat dilakukan: Ya Tidak
If yes, please submit a certified copy of the post mortem report / Jika ya, sertakan salinan sah laporan bedah siasat.

10. What is your relationship with the deceased? / Hubungan anda dengan simati? : _____

11. Did the deceased leave a will? / Adakah simati meninggalkan wasiat? Yes No
Ya Tidak

12. What family has the deceased left: / Keluarga yang ditinggalkan simati:
 Spouse No. of Child Parent Others, please specify
Suami/Isteri Bilangan anak: _____ Ibubapa Lain-lain, sila nyatakan: _____

DETAILS OF CLAIMANT/ BUTIR-BUTIR PENUNTUT

Name in full / Nama Penuh : _____

Correspondence Address :
Alamat Surat-Menyurat : _____

NRIC No. Old I.C. No. Age
No. K.P. Baru : _____ No K.P. Lama : _____ Umur: _____

Sex : Male Female Date of Birth
Jantina: Lelaki Perempuan Tarikh Lahir : _____

Occupation: Name of Employer:
Pekerjaan: _____ Nama Majikan: _____

Mobile Phone No. : Office Phone No. : House Phone No. :
No. Telefon Bimbit : _____ Telefon Pejabat : _____ No. Telefon Rumah : _____

Fax No. : E-mail Address :
No. Fax: _____ Alamat e-mail : _____

13. By what title are you submitting this claim? / Jenis hak milik yang digunakan untuk tuntutan ini?
 Nominee Trustee/Legal Guardian Assignee/Legal Owner
Penama Pemegang Amanah / Penjaga yang sah Pemegang serah hak / Pemilik

14. Is there a servicing agent assisting you in this claim? If yes, please give the agent's full name, address and telephone no.
Adakah mana-mana wakil agent membantu anda dalam tuntutan ini? Jika ada, sila nyatakan nama, alamat dan telefon agent tersebut:

15. Has the Life Assured or the Claimant been bankrupt or insolvent or has either executed any deed of transfer for the benefit of creditors since becoming interested in the policy? If so, please give details
Pernahkah simati atau Penuntut menjadi muftis atau tak mampu atau telah melaksanakan pindahan apa-apa surat ikatan untuk kepentingan pengkredit sejak berminat pada polisi ini? Jika ya, sila beri butir-butir. Yes No
Ya Tidak

16. Where / how do you wish to receive your claim payment : Di mana / bagaimana anda mahu bayaran tuntutan dibuat :

- Collection at Head Quarters / Pejabat utama di Kuala Lumpur
- Branches / Cawangan atau Pejabat Agensi
- Registered Mail / Post Berdaftar
- Collection by Agent / Wakil Agent
Please submit authorization letter/ Sila sertakan surat kebenaran

17. If you wish the payment to be credited into your Maybank account, please state your Account No.
Jika anda ingin supaya pembayaran dikreditkan ke dalam akaun Maybank anda, sila nyatakan Nombor Akaun anda.

Name of Maybank branch: _____ Account No: _____
Nama cawangan Maybank Bank : _____ Nombor Akaun : _____

Note : Payment through direct credit is not applicable for MRTA & ASB policies where loans have not been fully paid & settled with the bank.

Nota : Pembayaran secara kredit tidak boleh digunakan untuk polisi MRTA & ASB yang pinjamannya belum selesai dengan bank.

CLAIMANT'S DECLARATION & AUTHORISATION / PENGAKUAN DAN PEMBERIAN KUASA PENUNTUT

I / We hereby declare that the foregoing answers and statements are complete and true to the best of my / our knowledge and belief, and that I / we have withheld no material facts from the Company.

And I / we hereby authorize any medical practitioner, surgeon person, hospital, clinic and any other institution or organisation to furnish to Etiqa Takaful Berhad or its representatives any information that may be required concerning the deceased, for settlement of this claim.

I / We agree that Etiqa Takaful Berhad or its representatives may use or disclose any of the information collected or held to third parties such as reinsurers, medical examiner or medical consultant, claim investigator and etc. within or outside Malaysia for the purpose of processing the claim.

I / We agree that a photocopy of this authorization shall be considered as effective and valid as original.

Dengan ini saya /kami mengaku bahawa atas pengetahuan dan kepercayaan terbaik saya/kami, jawapan dan kenyataan yang terkandung di dalam ini adalah lengkap dan benar, dan saya/kami tidak menyembunyikan apa-apa fakta yang penting daripada Syarikat.

Dan dengan ini saya/ kami memberi kuasa kepada mana-mana pengamal perubatan, pakar bedah, hospital, klinik dan mana-mana institusi atau oganisasi untuk memberikan kepada Etiqa Takaful Berhad atau wakilnya apa-apa maklumat yang mungkin diperlukan berkaitan si mati bagi menyelesaikan tuntutan ini.

Saya / kami bersetuju membenarkan Etiqa Takaful Berhad atau wakilnya untuk mengguna dan mendedahkan apa-apa maklumat yang dikumpul atau dipegang oleh pihak ketiga seperti reinsurer, pemeriksa perubatan atau pakar perubatan, penyiasat tuntutan dan lain-lain di dalam atau di luar Malaysia bagi tujuan pemprosesan tuntutan. Saya / kami bersetuju bahawa salinan fotostat pemberian kuasa ini sama berkesannya dan sahnya seperti salinan yang asli

Signature / Thumbprint of Claimant
Tandatangan / Cop Ibu Jari Penuntut

Date / Tarikh :

Tel No. / No. Tel :

Official Stamp of Company or Bank :
Cop Syarikat atau Bank :

Signature of Witness / Tandatangan Saksi

Full Name / Nama Penuh :

NRIC No. /No. IC :

Date / Tarikh :

Tel No. /No. Tel :

Note / Nota :

Please enclose the following supporting documents with this claim:
Sila sertakan dokumen-dokumen berikut bersama dengan tuntutan ini :

1. Original Policy Contract / *Polisi Kontrak Asal.*
2. Doctor's Statement/*Kenyataan Doktor.*
3. Certified copy of Death Certificate / *Salinan sah Sijil Kematian.*
4. Certified copy of Deceased IC or Birth Certificate / *Salinan sah Kad Pengenalan atau Surat Beranak Simati.*
5. Certified copy of Claimant's IC / *Salinan sah Kad Pengenalan Penuntut.*
6. Certified copy of Post Mortem Report (if any) / *Salinan sah Laporan Bedah Siasat (jika ada).*
7. Certified copy of Police Report if due to accident (if any) / *Salinan sah Laporan Polis untuk kes kemalangan (jika ada).*
8. Certified copy of Deceased Marriage Certificate or Children's Birth Certificate / *Salinan sah Sijil Perkahwinan Simati atau Sijil Beranak anak.*
9. Certified copy of Burial Certificate (if relevant) / *Salinan sah Permit Penguburan (jika berkaitan).*
10. Certified copy of Letter of Administration or 'Sijil Faraid' (if applicable) / *Salinan sah "Surat Kuasa Mentadbir atau Sijil Faraid (jika berkaitan).*

All supporting documents must be duly certified by either an authorized persons of the Company, the Commissioner for Oaths, Notary Public, Lawyers, Justice of Peace, Member of Parliament, 'Ketua Balai Polis', Penghulu or District Officer.
Kesemua dokumen sokongan mestilah disahkan oleh mereka yang dibenarkan oleh Syarikat, Pesuruhjaya Sumpah, 'Notary Public', Peguam, Jaksa Pendamai, Ahli Parlimen, Ketua Balai Polis, Penghulu atau Pegawai Daerah.

The Company however, reserves the right to request for further information should it deem necessary.
Syarikat kami, walaubagaimana pun, berhak untuk memohon maklumat tambahan jika perlu.