

DEATH CLAIM FORM
BORANG TUNTUTAN KEMATIAN



Policy No. <i>No. Polisi</i>	<input type="text"/>	New NRIC No. <i>No. KP Baru</i>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Policy No. <i>No. Polisi</i>	<input type="text"/>	Old NRIC/Birth Certificate/ Passport No. <i>No. KP Lama/</i>	<input type="text"/>
Policy No. <i>No. Polisi</i>	<input type="text"/>	<i>Sijil Kelahiran/Pasport</i>	
Policy No. <i>No. Polisi</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> *Nominee of Muslim deceased shall distribute the policy moneys in accordance with Islamic laws. <i>Penama kepada pemegang polisi yang beragama Islam haruslah mengagihkan wang tuntutan menurut Undang Undang Syariah.</i></p> <p>7. Does the Deceased have any insurance with other insurers? <i>Adakah Si Mati mempunyai polisi dengan 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%;">Policy No. <i>No. Polisi</i></th> <th style="width: 50%;">Insurance Company <i>Syarikat Insurans</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Policy No. <i>No. Polisi</i>	Insurance Company <i>Syarikat Insurans</i>						
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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's Office at _____
Dituntuti oleh penuntut di Pejabat Great Eastern

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>(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>	<p>1. _____</p> <p>2. _____</p> <p>(a) _____</p> <p>(b) _____</p> <p>(c) _____</p>
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Name <i>Nama</i>	Address <i>Alamat</i>	Consultation Date <i>Tarikh Rawatan</i>	Diagnosis <i>Diagnosis</i>

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

<p>3. For death due to accident: <i>Bagi kematian kerana kemalangan:</i></p> <p>(a) Date and time of accident <i>Tarikh dan waktu kemalangan</i></p> <p>(b) Place of accident <i>Tempat kemalangan</i></p> <p>(c) How the accident happened? <i>Bagaimana kemalangan berlaku?</i></p> <p>(d) Was the accident reported to the police? <i>Adakah kemalangan dilaporkan kepada polis?</i></p> <p>(e) Was the accident reported in the newspaper? <i>Adakah kemalangan dilaporkan kepada di akhbar?</i></p> <p>(f) Was the post-mortem carried out? <i>Adakah bedah siasat dilakukan?</i></p>	<p>3.</p> <p>(a) <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) a.m. / p.m. <i>(hh/bb/tttt) pagi / petang</i></p> <p>(b) _____</p> <p>(c) _____</p> <p>(d) <input type="checkbox"/> Yes <i>Ya</i> <input type="checkbox"/> No <i>Tidak</i></p> <p>(e) <input type="checkbox"/> Yes <i>Ya</i> <input type="checkbox"/> No <i>Tidak</i></p> <p>(f) <input type="checkbox"/> Yes <i>Ya</i> <input type="checkbox"/> No <i>Tidak</i></p>
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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 Company to seek further information from any doctor, medical practitioner, physician, hospital, laboratory, surgeon, nurse, medical staff, clinic or insurance company 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 authorise and give my consent, to the deduction of monies due to the Company from the claim proceeds payable pursuant to any policy hereunder, including but not limited to any Automatic Premium Loan, Cash Loan, overdue interests, premium due, advance benefit paid, erroneous payment and/or payment made in excess of any claim amount. 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 Company will not be considered an admission that there was any insurance in force on the life of the Deceased with the Company or be deemed a waiver of the Company'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 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 Syarikat 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 syarikat insurans yang Si Mati pernah mengemukakan borang cadangan, begitu juga dengan mengeluarkan maklumat tersebut. Dengan ini saya memberi kuasa dan kebenaran untuk menolak wang yang perlu dibayar kepada Syarikat daripada jumlah tuntutan yang boleh dibayar menurut sebarang polisi di bawah ini, termasuk dan tidak terhad kepada sebarang Pinjaman Premium Automatik, Pinjaman Tunai, tunggakan faedah, premium yang perlu dibayar, manfaat yang telah dibayar lebih awal, kesilapan pembayaran dan/atau pembayaran yang telah melebihi sebarang amaun tuntutan. 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 polisi.

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

Signature of Claimant
Tandatangan Penuntut

Are you the beneficiary of the policy(ies)? Yes *Ya* No *Tidak*
Adakah anda benefisiari kepada polisi ini?

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 life assured and claimant and verified the identity of the life assured and claimant through the use of such *NRIC/passport/birth certificate. *Saya mengesahkan identiti hayat yang diasuranskan dan penuntut setelah melihat *kad pengenalan/pasport/sijil kelahiran yang asli.*

Signature of *agent / officer
*Tandatangan *ejen / pegawai*

Name *Nama* _____

Agent No. / Staff ID
No. Ejen / ID _____

Pegawai _____

Date *Tarikh* _____