

## DEATH CLAIM FORM (GROUP CLAIM) SECTION A

Certified copy of Toxicology report, if any

Additional requirements for death in overseas

Confirmation letter from National Registration Department (JPN)

Certified copy of police report Newspaper Cutting, if any

Section A of this form is to be completed by the claimant who is legally entitled to takaful benefit. Every question must be fully answered. The Company reserves the right to require further information should it deem necessary. Submission of this Claim Form does not guarantee admission of liability. Master Contract No: Broker/ Account Manager's Contact No. Broker/Account Manager's name: Instruction - Supporting documents required Death claim form Death Statement of Medical Examiner Certified copy of Participant and Claimant's IC Certified copy of Death Certificate Certified copy of Burial Certificate Original certificate (if any) Certified copy of proof of relationship between claimant and participant Certified copy Sijil Faraid / Letter of Administration (if applicable) Additional regulrements on accidental death Detailed Post Mortem report

DETAILS OF PARTICIPANT			
Name of Participant in full	XXXXX		
New IC No XX	×××	Old IC NoXX X X	Age 🗶🗙
Last Address of Participant			
Name of the Employer of Partici	pant at the time of death		
Name of the Employer of Partici	pant at the time of death		
• •	pant at the time of death		
Name of the Employer of Partici Address of the Employer  Date of Employment		(dd/mm/yyyy) Last Working Date :	

ISI MAKLUMAT DI RUANG BERTANDA XXXXX SAHAJA

DETAILS OF CLAIMANT					
Name of Claimant					
New IC No			Old IC No.		Age
Correspondence Address					
:			E - 7 11		
Mobile Phone No.					
Phone No.			Fax No.	( <del></del>	
What is your relationship		-	at discoult to the Ole	atio bank against	
Please state bank accour		. ,	-		
Bank Assaurt Halder N					
Bank Account Holder No					
Company Registration r	-		(Eg:26624	ועפו	
If the above bank accouns Second account holder	•			nt holder NPIC:	
The Payment which has					
				iii be deemed as full pay	yment and we shall be
discharged from any ex	isting and future cla	ım and demand in re	elation to it.		
Date of death	×××	(dd/mm/yyyy)	) Time	XXXX	(am/pm
Cause of death	XXXXX				
Cause of death	XXXXX				
Place of death	XXXXX				
8	t complain of or give i	indication of his / her	ast illness ?		(dd/mm/yyyy)
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) Dea	ath due to accident							
a.	Date of accident :			(0	ld/mm/yyyy)	Time :		(am/pm)
b.	Place of accident							
C.	Why was the Particip	ant at the location ?						
d.	Describe in detail hov	v the Accident happened?						
e.	Was the accident rep	orted to the police?	Yes	∐ No	(If yes, ple	ease submit a certifi	ied copy of police	report)
f.	Was the accident rep	orted in the newspaper?	Yes	☐ No	(If yes, ple	ease submit a copy)	)	
g.	Was an inquest or po	st-mortem carried out?	Yes	No	(If yes, ple	ease submit a certifi	ied copy of post m	ortem repor
I do dec	clare as follows:- That the foregoing an	THORISATION rely declare that I am the nomi swers and statements on the D I facts from the Company.						
Far	mily Takaful Berhad (E	any, in respect of the details cor Etiqa) in this form refers to the sa ion given is false or insufficient.	ntained in the name person.	e enclosed : I understa	supporting do nd and agree	ocument and the in e that Etiqa has the	formation present e sole discretion to	ed to Etiqa reject this
3.	That the original certifi	cate whether or not enclosed the	erein (if any)	, due to los	s or mutilated	i, belongs to the de	ceased.	
Etic clai par	qa Family Takaful Berh im. I agree that Etiqa ties such as reinsurers	ze any medical practitioner, sur nad or its representative any info Family Takaful Berhad or its re s, medical examiner or medical gree that a photocopy of this auth	ormation that epresentative consultant, c	t maybe red e may use claims inves	luired concer or disclose a tigator and e	rning my health con any of the informati itc. within or outside	nditions, for settler ion collected or h e Malaysia for the	nent of this eld to third
ser		allow Etiqa Family Takaful Berha ('Personal Data') with the inte Act 2010.						
held Tak stat	d, used, processed ar kaful or any selected tutory bodies and gov	e that any Personal Data colled disclosed by Etiqa Family Tal third party (within or outside Mernment authorities) for the pur me for such purposes.	kaful to indiv lalaysia, inc	iduals and/ luding med	or organizati ical institutio	ons related to and nones, solicitors, indus	associated with E stry associations,	tiqa Family regulators,
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Δι1	thorised Signature of C	Contract Holder & Company's St	amn					
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## LETTER OF AUTHORISATION / CONSENT TO OBTAIN FURTHER INFORMATION (DEATH CLAIM)

To Whom It May Concern,
Dear Sir / Madam,
I hereby authorize and give my consent to any medical practitioner, physician, surgeon, clinic, hospital, medical centre, Insurance company or other organization, institution or individual concerned ("the Information Provider(s)") that may have any records or knowledge of the employment, financial, health or medical history of (name of Participant) and to provide such information to Etiqa Family Takaful Berhad or its authorized agents and / or employees.
I expressly waive on behalf of myself and / or as a next-of-kin of the Participant and for his / her estate all provisions of law or professional ethics forbidding the Information or (Providers) from disclosing any such information acquired on the Participant in a professional and / or client capacity and I further release the Information Provider(s) and its agent / staff from any liability whatsoever that may arise, in supplying such information requested by the Etiqa Family Takaful Berhad.
This authorization / consent is irrevocable and a copy of it will have the same effect and validity as the original,
XXXXX Signature / Thumb print of Next-of-Kin / Claimant
Name : XXXX
NRIC: XXXX
Old IC: XXXX
Relationship with Participant:
Contact No: XXXX
Date: XXXXX

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Etiqa Family Takaful Berhad (266243D)
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