

# CUEPACS TAKAFUL LIVING CARE

**RL MAJUSINAR PLUS SDN BHD** (1265909-V)



**Pejabat:**

Bangunan PSM, Level 3, No. 17B, Jalan Bangsar, 59200 Kuala Lumpur.

Tel: 03-22836361 / 22836364 Fax: 03-22836272

H/P : 017-6340518 Email : ctlcplus@yahoo.com

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**KEPADA**

**TUAN/PUAN,**

**TUNTUTAN KEMATIAN (PENYAKIT/SEMULAJADI)**  
**SKIM INSURANS BERKELOMPOK CUEPACS**

**Merujuk Kepada Perkara Diatas.**

Bersama-sama ini dikemukakan Borang Tuntutan Kematian, sepertimana makluman Tuan/Puan untuk membolehkan kami menilai Tuntutan Kematian, Pihak kami sangat menghargai jika Tuan/Puan dapat menghantar maklumat seperti berikut:-

- 1. Borang Tuntutan Takaful - Borang Tuntutan Kematian**
- 2. Borang Tuntutan Takaful - Penyataan Doktor**
- 3. Borang Tuntutan Takaful - Borang Tuntutan Manfaat Pengebumian GETB**
- 4. Borang Tuntutan Takaful - Surat Pemberikuasa/Kebenaran**
- 5. Salinan Kad Pengenalan/ Sijil Kelahiran yang diakui sah(Pencadang,Orang yang dilindungi & Orang yang menuntut)**
- 6. Salinan Sijil Kematian yang diakui sah**
- 7. Salinan Sijil Pengebumian yang diakui sah (jika ada)**
- 8. Laporan Perubatan Tambahan (jika ada)**
- 9. Salinan semua Laporan Makmal dan Penyiasatan yang diakui sah (jika ada)**
- 10. Borang kemudahan Kredit Langsung (Borang GETB)**
- 11. Bukti Dokumen bagi hubungan keluarga**

**\*\* PERHATIAN: SEMUA DOKUMEN HENDAKLAH DIAKUI SAH DARIPADA DOKTOR @ KETUA UNION**

**\*\*PERMOHONAN HENDAKLAH DIPOSKAN MENGIKUT ALAMAT KAMI DI BANGSAR DAN PERMOHONAN INI TIDAK BOLEH DIFAKSKAN KEPADA KAMI.**

**\*\*PIHAK GETB AKAN MEMINTA DOKUMENTASI TAMBAHAN SEKIRANYA MEMERLUKAN MAKLUMAT LAIN**

Sekian, Terima Kasih

**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"/>

**SECTION A. PARTICULARS OF THE DECEASED BUTIR-BUTIR SI MATI**

<p>1. Last address <i>Alamat terakhir:</i></p> <p>2. Last occupation <i>Pekerjaan terakhir:</i></p> <p>3. Last address and contact no. of Employer/ Institute/ School (if student): <i>Alamat terakhir dan no. telefon Majikan/ Institusi/ Sekolah (jika pelajar):</i></p> <p>4. Marriage status at point of death: <i>Status perkahwinan semasa kejadian mati:</i></p> <p>5. Religion <i>Agama:</i></p> <p>6. Deceased's surviving family member (s): <i>Ahli keluarga Si Mati:</i></p> <p>7. Does the Deceased have any certificate/policy with other Takaful Operators/ Insurers?: <i>Adakah Si Mati mempunyai sijil/ polisi 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>8. Was or is there any executor or administrator appointed to manage the Deceased's estate? <i>Adakah terdapat wasi atau pentadbir yang dilantik untuk menguruskan harta si mati?</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"/> Divorce <i>Berceraai</i>    <input type="checkbox"/> Widow/ Widower <i>Duda/ Janda</i></p> <p>5. <input type="checkbox"/> Muslim <i>Islam</i>    <input type="checkbox"/> Non-Muslim <i>Bukan Islam</i></p> <p>6. <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>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> <p>8. <input type="checkbox"/> Yes <i>Ya</i>    <input type="checkbox"/> No <i>Tidak</i></p>	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>						

**SECTION B. FOR GROUP EMPLOYEE BENEFITS ONLY UNTUK MANFAAT PEKERJA BERKELOMPOK SAHAJA**

<p>1. Name of Certificate Owner: <i>Nama Pemilik Sijil:</i></p> <p>2. Deceased's occupation at point of death: <i>Pekerjaan Si Mati semasa kematian:</i></p> <p>3. Date employed: <i>Tarikh mula bekerja:</i></p> <p>4. Last date of work: <i>Tarikh terakhir bekerja:</i></p> <p>5. Last drawn salary: <i>Gaji terakhir:</i></p> <p>6. Salary last adjusted: <i>Tarikh terakhir penyetaraan gaji:</i></p> <p>7. Sum covered: <i>Jumlah perlindungan:</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) <i>(hh/bb/tttt)</i></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) <i>(hh/bb/tttt)</i></p> <p><b>R M</b> <input type="text"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) <i>(hh/bb/tttt)</i></p> <p><b>R M</b> <input type="text"/></p>
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CLM-DTHCF-V05-082025-TAKAFUL

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

**I. CLAIM RELATED DETAILS BUTIR-BUTIR TUNTUTAN BERKENAAN**

1. Date of Death: *Tarikh Kematian:*  /  /  (dd/mm/yyyy) *(hh/bb/tttt)*

2. Cause of Death: *Sebab Kematian:*  Accident *Kemalangan*  Illness *Penyakit*  Others, please specify \_\_\_\_\_ *Lain-lain, sila nyatakan:*

3. What complaint(s)/ailment(s) did the Deceased have before death?: *Apakah tanda-tanda penyakit Si Mati sebelum kematian?:*

4. When did the complaint(s)/ailment(s) first appear?: *Bilakah tanda-tanda penyakit bermula?:*  /  /  (dd/mm/yyyy) *(hh/bb/tttt)*

5. First visit to doctor for the complaint(s)/ailment(s): *Lawatan pertama ke doktor untuk tanda-tanda penyakit tersebut:*  /  /  (dd/mm/yyyy) *(hh/bb/tttt)*

6. Post mortem done?: *Bedah siasat dibuat?:*  Yes *Ya*  No *Tidak*

7. Was there any other illness before the death event? *Adakah Si Mati mengalami penyakit lain sebelum kematian?*

Yes *Ya*  No *Tidak*

If "Yes", please state the other illnesses or conditions. *Jika "Ya", sila nyatakan penyakit atau keadaan lain tersebut.*

Name of Illness <i>Nama Penyakit</i>	Name of Doctor or Specialist <i>Nama Doktor atau Pakar</i>	Name and Address of Hospital or Clinic <i>Nama dan Alamat Hospital atau Klinik</i>	Date of Visit <i>Tarikh Rawatan</i>

**II. FOR DEATH DUE TO ACCIDENT UNTUK KEMATIAN AKIBAT KEMALANGAN**

1. Date & Time of accident *Tarikh dan waktu kemalangan*  /  /  (dd/mm/yyyy) *(hh/bb/tttt)* a.m. / p.m. *pagi / petang*

2. Exact location of accident *Lokasi sebenar kemalangan*  House *Rumah*  Workplace *Tempat Kerja*  Road/ Others, please specify & state the address: *Jalan raya/ Lain-lain, sila tentukan & nyatakan alamat:*

3. How did the accident happen? *Bagaimana kemalangan berlaku?*  Fall *Jatuh*  Industrial Accident *Kemalangan Industri*  Road Traffic Accident *Kemalangan Jalan Raya*  Others. Please specify: *Lain-lain. Sila tentukan:*

4. Accident reported to : *Kemalangan dilaporkan kepada :*

(i) the police *polis*  Yes *Ya*  No *Tidak*

(ii) newspaper *surat khabar*  Yes *Ya*  No *Tidak*



**SECTION E. DECLARATION & AUTHORISATION, AUTHORISATION FOR CLAIM MATTERS AND AMENDMENT OF ADDRESS, DATA PROTECTION NOTICE AND DECLARATION & AUTHORISATION FOR ONLINE SUBMISSION FORM**  
**PENGISYTIHARAN & KEBENARAN, KEBENARAN UNTUK PERKARA-PERKARA TUNTUTAN DAN PINDAAN MAKLUMAT ALAMAT, NOTIS PERLINDUNGAN DATA DAN PENGISYTIHARAN & KEBENARAN UNTUK PENYERAHAN BORANG DI ATAS TALIAN**

I declare the above answers are true and correct and I agree that If I have made, or shall make any untrue statement, or suppressed or concealed any material fact; my/ Person Covered's right to be compensated shall be absolutely forfeited. I, the Person Covered/ Certificate Owner/ Claimant hereby authorize and give my consent to any doctor, medical practitioner, physician, hospital, laboratory, surgeon, nurse, medical staff, clinic, takaful operator or insurance company, credit reporting agency, organization, institutions or persons that may have any records or knowledge of my / Person Covered's health or medical history ("Information Provider"), to provide such information to GETB and its authorized service provider and/ or its employee about my personal data, employment and credit information (as defined in Credit Reporting Agencies Act 2010) in order to process my takaful claim. I authorise the Company and its representative to give and release any such information to any party in relation to my application or transaction with the Company for the following purposes (but not limited to): verifying information given pursuant to this claim, background screening, credit evaluation, scoring solutions, administration, analysis or monitoring of certificate with the Company or processing of claim. I, the Person Covered/ Certificate Owner/ Claimant, expressly waive on behalf of myself or any other person who shall have any claim or interest in any certificate hereunder, all provision of law or professional ethics forbidding any Information Provider from disclosing any information acquired while attending to me in a professional capacity.

*Saya mengisytiharkan bahawa jawapan di atas adalah betul dan benar serta saya bersetuju jika saya membuat atau akan membuat sebarang kenyataan yang tidak tepat atau menahan atau menyembunyikan sebarang fakta material; hak saya/ Orang yang Dilindungi untuk menerima pampasan akan dilucutkan dengan mutlak. Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut dengan ini membenarkan dan memberi kebenaran kepada mana-mana doktor, pengamal perubatan, pakar perubatan, hospital, makmal, pakar bedah, jururawat, kakitangan perubatan, klinik, Pengendali Takaful atau syarikat insurans, agensi pelaporan kredit, organisasi, institusi atau individu yang mungkin mempunyai sebarang rekod atau pengetahuan berkenaan kesihatan atau sejarah kesihatan saya/ Orang yang Dilindungi ("Pemberi Maklumat") bagi menyediakan maklumat tersebut kepada GETB dan penyedia perkhidmatan berdaftar dan/ atau pekerjaannya bagi memproses maklumat data peribadi, pekerjaan, dan maklumat kredit saya (seperti yang ditakrifkan dalam Akta 2010 Agensi Pelaporan Kredit (APK) bagi memproses tuntutan Takaful saya. Saya memberi kuasa kepada Pengendali Takaful dan wakilnya untuk memberi dan mengeluarkan sebarang maklumat kepada mana-mana pihak yang berkaitan dengan permohonan saya atau transaksi dengan Syarikat untuk tujuan berikut (tetapi tidak terhad kepada): mengesahkan maklumat yang diberikan berdasarkan tuntutan ini, pemeriksaan latar belakang, penilaian kredit, penyelesaian pemarkahan, pentadbiran, analisis atau pemantauan sijil dengan Syarikat atau pemrosesan tuntutan. Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut, bagi pihak saya atau mana-mana individu yang mempunyai sebarang tuntutan atau kepentingan dalam mana-mana sijil di bawah ini, mengetepikan semua peruntukan undang-undang atau etika profesional yang melarang mana-mana Pemberi Maklumat daripada mendedahkan sebarang maklumat yang diperlukan semasa memberi perkhidmatan kepada saya dalam kapasiti sebagai seorang profesional.*

I, the Person Covered/ Certificate Owner/ Claimant, hereby authorise and give my consent, to the deduction of monies due to the Company from the claim proceeds payable pursuant to any certificate hereunder, including but not limited to any Advance Contribution Account (ACA), contribution due, advance benefit paid, and/ or erroneous or payment made in excess of any claim amount. I, the Person Covered/ Certificate Owner/ Claimant, hereby authorised and give consent to the Company to amend my addresses as provided in this claim form. This authorisation shall irrevocably bind my successors and assignees and shall remain valid notwithstanding my death or incapacity, and a copy of this form shall be effective and valid as the original. I, the Person Covered/ Certificate Owner/ Claimant agree that the personal data provided in this form may be used, recorded, stored, archived, disclosed or otherwise processed by the Takaful Operator for the purposes relating to the payment of funds in accordance with my/ our instruction herein, and for the purposes of compliance with any legal or regulatory requirements. I consent that my personal information may be used, recorded, stored, archived, disclosed or otherwise processed by or on behalf of the Takaful Operator (and its successors in title) for the provision of takaful services.

*Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut, dengan ini memberi kebenaran dan keizinan untuk menolak wang yang perlu dibayar kepada Syarikat daripada jumlah tuntutan yang boleh dibayar menurut sebarang Sijil di bawah ini, termasuk tetapi tidak terhad kepada sebarang Akaun Sumbangan Pendahuluan, caruman yang perlu dibayar, manfaat yang telah didahulukan dan/ atau pembayaran salah yang dibuat melebihi sebarang amaun tuntutan. Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut, memberi kebenaran dan keizinan kepada Syarikat untuk membuat pindaan maklumat terhadap alamat-alamat saya yang dinyatakan dalam borang tuntutan ini. Kebenaran ini akan terikat kepada pengganti hak milik dan pemegang serah hak tanpa boleh ditarik balik serta kekal sah walaupun selepas saya meninggal dunia atau hilang upaya serta salinan borang ini adalah berkuat kuasa dan sah seperti salinan asal. Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut setuju bahawa data peribadi yang diberi di dalam borang ini mungkin digunakan, direkodkan, disimpan, diarkibkan, dizahirkan atau diproses oleh Pengendali Takaful untuk tujuan berkaitan pembayaran dana sesuai dengan arahan saya/ kami di sini dan untuk tujuan pematuhan sebarang keperluan undang-undang atau peraturan. Saya setuju bahawa maklumat peribadi saya mungkin digunakan, direkodkan, disimpan, diarkibkan, dizahirkan atau diproses oleh atau bagi pihak Pengendali Takaful (dan pengganti hak miliknya) untuk penyediaan perkhidmatan takaful.*

**Authorisation for Claim Matters**

**Kebenaran untuk Perkara-Perkara Tuntutan**

I, the Person Covered/ Certificate Owner/ Claimant hereby give consent to, GREAT EASTERN TAKAFUL BERHAD (916257-H) ("GETB") ("The Company") Agent or Authorised Person \_\_\_\_\_, Agent Code or New NRIC No. \_\_\_\_\_ to assist in matters pertaining to this claim and cheque collection, if any. I hereby agree to release and discharge GETB from all losses, claims, allegations, suits, proceedings, demands, damages, costs and expenses arising from or in connection to the said collection. I further agree to indemnify GETB and to keep GETB fully indemnified from and against any and all such losses, claims, allegations, suits, proceedings, demands, damages, costs and expenses arising from or in connection to the said collection. For Group Policies, please refer to respective Union/ Servicing Agent/ Employer in relations to cheque collection.

*Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut, dengan ini memberi kebenaran kepada Ejen GREAT EASTERN TAKAFUL BERHAD (916257-H) ("GETB") ("Syarikat") atau Pihak yang diberi kuasa,*

*Kod Ejen atau No. KP Baru \_\_\_\_\_ untuk membantu dalam perkara-perkara berhubung dengan tuntutan ini dan pengambilan cek, jika ada. Saya dengan ini bersetuju untuk melepaskan GETB dari segala kerugian, tuntutan, tuduhan, guaman, prosiding, permintaan, ganti rugi, kos dan perbelanjaan yang berbangkit dari atau berkaitan dengan pengambilan perkara tersebut. Saya selanjutnya bersetuju untuk menanggung kerugian GETB serta memelihara GETB dengan indemniti sepenuhnya dari atau berkaitan sebarang dan segala kerugian, tuntutan, tuduhan, guaman, prosiding, permintaan, ganti rugi, kos dan perbelanjaan yang berbangkit dari atau berkaitan dengan pengambilan perkara tersebut. Sila rujuk kepada Kesatuan/ Ejen Insurans Berkelompok/ Majikan tersebut berhubung dengan pengambilan cek bagi Polisi Berkelompok.*

**Data Protection Notice****Notis Perlindungan Data**

If you have any inquiry such as limiting the processing of certain information, including the withdrawal of consent to the processing of personal information, you may contact our Customer Careline at 1300-13-8338, or write to the Takaful Operator at [i-greatcare@greateastertakaful.com](mailto:i-greatcare@greateastertakaful.com).  
*Sekiranya anda mempunyai sebarang pertanyaan seperti menghadkan pemprosesan maklumat tertentu, termasuk membatalkan persetujuan untuk pemprosesan maklumat peribadi, anda boleh menghubungi talian Careline kami di 1300-13-8338, atau menulis kepada Pengendali Takaful di [i-greatcare@greateastertakaful.com](mailto:i-greatcare@greateastertakaful.com).*

If you have any complaints in respect of your personal information, you may contact our Privacy Officer at 603-4259 8381.

*Sekiranya anda mempunyai sebarang aduan berhubung dengan maklumat peribadi anda, anda boleh menghubungi Pegawai Privasi kami di 603-4259 8381.*

For more information on how the Takaful Operator processes your personal information, please log on to our website [greateastertakaful.com](http://greateastertakaful.com) and read the Client Charter and Privacy Policy.

Untuk keterangan lanjut mengenai cara Pengendali Takaful memproses maklumat peribadi anda, sila layari laman sesawang kami [greateastertakaful.com](http://greateastertakaful.com) dan baca Piagam Pelanggan dan Dasar Privasi.

**Declaration & Authorisation for Online Submission Form****Pengisytiharan & Kebenaran untuk Penyerahan Borang di atas talian**

I agree that a copy of documents submitted shall be valid as the original documents and I confirm that the information given on this online submission form is to the best of my knowledge and belief, true in every aspect. I understand that the Takaful Operator reserve the rights to verify the documents submitted for the purpose of processing my claims and agree to provide the original and fair copy of the documents to the Takaful Operator whenever requested.

*Saya bersetuju bahawa salinan dokumen dikemukakan adalah sah seperti salinan asal dan saya mengesahkan bahawa maklumat yang diberi melalui penyerahan borang di atas talian adalah yang terbaik dari pengetahuan dan kepercayaan saya, benar dari segala aspek. Saya faham bahawa Pengendali Takaful berhak untuk mengesahkan dokumen untuk tujuan pemprosesan tuntutan saya dan bersetuju untuk memberi salinan asal dan salinan yang adil kepada Pengendali Takaful apabila diminta.*

I understand that the making of a fraudulent claim by providing untrue or false information is a criminal offence likely to lead to prosecution. Further, I understand and agree that the Takaful Operator shall have the absolute right to recover the claim amount in full from me if there is any untrue or inaccurate representation on the information provided or submission of tampered or false or untrue information had been submitted for the claim.

*Saya faham bahawa membuat penipuan tuntutan dengan mengemukakan maklumat tidak benar atau salah adalah kesalahan jenayah berkemungkinan membawa kepada pendakwaan. Selanjutnya, saya faham dan bersetuju bahawa Pengendali Takaful mempunyai hak mutlak meminta jumlah tuntutan sepenuhnya daripada saya jika terdapat sebarang maklumat yang diberikan adalah tidak benar atau tidak tepat atau penyerahan maklumat yang diusik atau maklumat yang dikemukakan adalah salah atau tidak benar untuk tuntutan.*

**NOTE:** If Claimant is unable to sign, the thumbprint has to be witnessed by the attending doctor or our authorised officers at any nearest office.

**NOTA:** *Sekiranya Pihak yang Menuntut tidak dapat menandatangani, cap ibu jari perlu disaksikan oleh doktor atau pihak yang diberi kuasa di mana-mana cawangan berdekatan.*

Are you the beneficiary of the certificate?

*Adakah anda benefisiari kepada sijil ini?*

Yes *Ya*  No *Tidak*

Signature of Claimant  
*Tandatangan Penuntut*

Name *Nama:* \_\_\_\_\_

NRIC No./ Passport No.:  
*No. KP Baru/ No. Passport* \_\_\_\_\_

Contact No. *No. Telefon:* \_\_\_\_\_

Address *Alamat:* \_\_\_\_\_

Email *Emel:* \_\_\_\_\_

Date *Tarikh:* \_\_\_\_\_

Relationship with  
the Deceased:  
*Hubungan  
dengan Si Mati:*

Spouse *Suami/Isteri*  Parent *Ibu/Bapa*  
 Sibling *Adik-Beradik*  Child(ren) *Anak-anak*  
 Others, please specify  
*Lain-lain, sila nyatakan* \_\_\_\_\_

Signature of Witness  
*Tandatangan Saksi*

Name *Nama:* \_\_\_\_\_

NRIC No./ Passport No.:  
*No. KP Baru/ No. Passport* \_\_\_\_\_

Contact No. *No. Telefon:* \_\_\_\_\_

Address *Alamat:* \_\_\_\_\_

Email *Emel:* \_\_\_\_\_

Date *Tarikh:* \_\_\_\_\_

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**ACCIDENTAL DEATH BENEFITS CLAIM**

CLAIMS DEPARTMENT  
303 JALAN AMPANG  
50450 KUALA LUMPUR

1. This form may be completed by the Police (if a report has been made or the accident is investigated) or by the hospital / doctor who attended to the emergency as result of the accident.
2. A Post Mortem or Autopsy report is required to be submitted with this claim.
3. Any costs incurred in completing this form is borne by the claimant.

**Please complete this form as fully as possible. Your kind assistance will expedite the claim processing.**

Certificate No.:

1. Name of Deceased NRIC No.

2. Date & Time of Accident

3. Nature of the Accident (please tick only one):-

Road Traffic Accident  Fall From Height / Building

Drowning  Industrial / Accident At Work

Fire  Air / Rail / Ship Disaster

Explosion  Sports Related

Others : Please describe

4. How did the accident happen?

5. Was the Deceased suspected to be under the influence of any alcohol or drugs?  YES  NO

If Yes, was there any sample of urine or blood sent for further test?  YES  NO

6. If your opinion / investigation, do you think that death resulted from the accident?  YES  NO

If No, what do you think was the cause of death? Please detail

7. Please provide us with any other additional information about the accident or Deceased that you may is relevant.

Signature & Official Stamp

Telephone No.:

Name:

Date:

Qualifications / Rank:

## TUNTUTAN MANFAAT KEMATIAN AKIBAT KEMALANGAN

JABATAN TUNTUTAN  
303 JALAN AMPANG  
50450 KUALA LUMPUR

1. Borang ini hendaklah dilengkapkan oleh Polis (Sekiranya laporan polis telah dibuat atau kes kemalangan sedang dalam penyiasatan) atau oleh pihak hospital/doktor yang memberi rawatan kecemasan semasa kemalangan.
2. Laporan Bedah siasat atau Autopsi perlu disertakan bersama borang tuntutan ini.
3. Sebarang kos yang timbul untuk melengkapkan borang ini akan ditanggung oleh penuntut.

**Sila lengkapkan borang ini sebaik mungkin. Kerjasama anda akan mempercepatkan proses tuntutan.**

No. Sijil:

1. Nama Si Mati No. Kad Pengenalan

2. Tarikh & Masa Kemalangan

3. Bentuk Kemalangan (Sila tandakan satu sahaja):-

- |   |  |
|---|--|
| <input type="checkbox"/> Kemalangan Trafik Jalan Raya | <input type="checkbox"/> Jatuh dari tempat tinggi / bangunan   |
| <input type="checkbox"/> Mati Lemas                   | <input type="checkbox"/> Kemalangan Industri / Di tempat kerja |
| <input type="checkbox"/> Kebakaran                    | <input type="checkbox"/> Kemalangan Udara / Keretapi / Kapal   |
| <input type="checkbox"/> Letupan                      | <input type="checkbox"/> Semasa bersukan                       |
| <input type="checkbox"/> Lain-lain : Sila nyatakan    |  |

4. Bagaimana kemalangan berlaku?

5. Adakah Si Mati disyaki di bawah pengaruh alkohol / dadah?

YA  TIDAK

*Sekiranya "Ya", adakah contoh air kencing atau darah dihantar untuk ujian lanjut?*

YA  TIDAK

6. Pada pendapat / dari penyiasatan anda, adakah kematian Si Mati berpunca dari kemalangan?

YA  TIDAK

*Sekiranya "Tidak", pada pendapat anda, apakah yang menyebabkan kematian ini?*

7. Sila berikan kami maklumat tambahan yang relevan mengenai kemalangan atau mengenai Si Mati jika ada.

Tandatangan & Cop Rasmi

No. Telefon:

Nama:

Tarikh:

Kelayakan / Pangkat:

**LETTER OF AUTHORISATION/CONSENT - To Obtain Further Information**  
**SURAT PEMBERIKUASA/KEBENARAN - Untuk Mendapatkan Maklumat Lanjut**



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/BC/Passport No. <i>No. KP Lama/Sijil Kelahiran/ Pasport</i>	<input type="text"/>
Certificate No. <i>No. Sijil</i>	<input type="text"/>		
Certificate No. <i>No. Sijil</i>	<input type="text"/>	Name of Person Covered <i>Nama Orang yang Dilindungi</i>	_____
Certificate No. <i>No. Sijil</i>	<input type="text"/>		

Our Ref: \_\_\_\_\_  
*Rujukan Kami:*

To Whom It May Concern  
*Kepada Sesiapa Yang Berkenaan*

Dear Sir/Madam,  
*Tuan/Puan,*

I hereby authorise and give my consent to any medical practitioner, physician, surgeon, clinic, hospital, medical centre, takaful operator, or  
*Saya dengan ini memberi kuasa dan mengizinkan mana-mana pegawai perubatan, doktor, pakar bedah, klinik, hospital, pusat perubatan, pengendali takaful atau*

other organisation, institution or individual concerned ("the Information Provider(s)") that may have any records or knowledge of  
*organisasi, institut atau orang perseorangan ("Pemberi Maklumat") yang mungkin mempunyai apa-apa rekod atau mengetahui tentang pekerjaan,*

the employment, financial, health or medical history of \_\_\_\_\_  
*kewangan, kesihatan atau sejarah perubatan*

("the Certificate Owner") and to provide such information to GREAT EASTERN TAKAFUL BERHAD (916257-H) ("the Takaful Operator") or  
*("Pemilik Sijil") untuk memberi maklumat kepada GREAT EASTERN TAKAFUL BERHAD (916257-H) ("Pengendali Takaful") atau*

its authorised agents and/or employees.  
*mana-mana ejen/kakitangannya yang diberi kuasa.*

I expressly waive on behalf of myself and/or as a next-of-kin of the Certificate Owner and for his/her estate all provisions of law or professional  
*Saya juga tidak ragu-ragu untuk mengetepikan bagi pihak saya dan/atau sebagai waris terdekat Pemilik Sijil dan untuk harta pusakanya segala peruntukan*

ethics forbidding the Information Provider(s) from disclosing any such information acquired on the Certificate Owner in a professional and/or client  
*undang-undang atau etika profesional yang menghalang Pemberi Maklumat daripada memberi maklumat berkenaan mengenai Pemilik Sijil dalam bidang kuasa*

capacity and I further release the Information Provider(s) and its agent/staff from any liability whatsoever that may arise, in supplying such  
*sebagai profesional dan/atau pelanggan dan saya juga memberi pelepasan kepada Pemberi Maklumat ejen/kakitangannya daripada apa-apa liabiliti kerana memberi*

information requested by the Takaful Operator.  
*maklumat tersebut kepada Pengendali Takaful.*

This authorisation/consent is irrevocable and a copy of it will have the same effect and validity as the original.  
*Surat pemberikuasa/kebenaran ini adalah muktamad dan salinannya juga memberi hak dan pengesahan yang sama dengan yang asal.*

Signature or Thumb Print \_\_\_\_\_  
*Tandatangan atau Cap Ibu Jari*

Name \_\_\_\_\_  
*Nama*

NRIC No \_\_\_\_\_ Date \_\_\_\_\_  
*No KP Tarikh*

Relationship with the Certificate Owner \_\_\_\_\_  
*Hubungan dengan Pemilik Sijil*

Registration or Admission No. (If hospitalised) \_\_\_\_\_  
*Pendaftaran atau No. Kemasukan. (Jika masuk hospital)*

CLM-GLOAC-V06-082025-TAKAFUL

**BEREAVEMENT / COMPASSIONATE BENEFIT CLAIM FORM**  
**BORANG TUNTUTAN BAGI MANFAAT PENGEBUMIAN**



Certificate No.

Name of Person Covered  
*Nama Orang yang Dilindungi* \_\_\_\_\_  
(to which the Bereavement Benefit to be claimed for)  
(bagi Manfaat Pengebumian yang ingin dituntut)

Deceased's Marital Status:  Single  Married  Divorced  Widowed  
*Status Perkahwinan Si Mati Bujang Berkahwin Bercerai Janda / Duda*

Deceased's Religion:  Muslim  Others  
*Agama Si Mati Muslim Lain-lain*

Attached herewith  
*Sila lampirkan*

- Certified True Copy of Death Certificate  
*Salinan Sijil Kematian yang Telah Disahkan*
- Certified True Copy of Claimant's I/C  
*Salinan Kad Pengenalan Pihak yang Menuntut yang Telah Disahkan*
- Documentary Proof of Relationship between the Claimant and the Person Covered  
*Bukti Dokumen bagi Hubungan antara Pihak yang Menuntut dan Orang yang Dilindungi*

I declare that the information given by me in this claim form are, to the best of my knowledge and belief, true and complete.  
*Saya mengaku bahawa maklumat yang diberi dalam borang tuntutan ini adalah benar dan lengkap menurut pengetahuan dan kepercayaan saya.*

Submitted by,  
*Diserahkan oleh,*

\_\_\_\_\_  
Signature of the Claimant  
*Tandatangan Pihak yang Menuntut*

Name of the Claimant : \_\_\_\_\_  
*Nama Pihak yang Menuntut :*

NRIC : \_\_\_\_\_  
*No K/P:*

CLM-ILBB-V05-082025-TAKAFUL

**NOTIFICATION OF DEATH CLAIM**

---

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel No.: \_\_\_\_\_  
(Person who notified the death)

Claims Department  
Menara Great Eastern  
303 Jalan Ampang  
50450 Kuala Lumpur  
No. Tel: +603 4259 8338  
No. Fax: +603 4259 8808

Dear Sirs,

CERTIFICATE NO.: \_\_\_\_\_  
NRIC NO.: \_\_\_\_\_  
PARTICIPANT PERSON COVERED : \_\_\_\_\_ (Deceased)  
DATE OF NOTIFICATION OF DEATH : \* \_\_\_\_\_ \*

The above named regrets to inform that the named Person Covered had passed away on \_\_\_\_\_ due to \_\_\_\_\_ (cause of death).

Yours faithfully,

\_\_\_\_\_

Date: \_\_\_\_\_

**PEMBERITAHUAN TUNTUTAN KEMATIAN**

Nama: \_\_\_\_\_  
Alamat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
No. Tel: \_\_\_\_\_  
(Orang yang memberitahu kematian)

Jabatan Tuntutan  
Menara Great Eastern  
303 Jalan Ampang  
50450 Kuala Lumpur  
No. Tel: +603 4259 8338  
No. Fax: +603 4259 8808

Tuan,

**NO. SIJIL:** \_\_\_\_\_  
**NO. K/P:** \_\_\_\_\_  
**ORANG YANG DILINDUNGI :** \_\_\_\_\_ **(Si Mati)**  
**TARIKH PEMBERITAHUAN KEMATIAN : \*** \_\_\_\_\_ **\***

Dukacita dimaklumkan bahawa Orang yang Dilindungi di atas telah meninggal dunia pada \_\_\_\_\_ kerana  
\_\_\_\_\_ (sebab kematian).

Yang benar,

\_\_\_\_\_

Tarikh: \_\_\_\_\_

## Requirement Checklist for Family Claims Submission



Dear Members of Field Force,

You are advised to use this checklist as a guide on the documents required for the claim filed. You may obtain a copy of this checklist from Agent Service Centre, Form Counter or Servicing Branch and i-Greatpartner.

**Important Notes :**

1. Please ensure that these requirements are fully complied with in order for us to assess the claim without delay.
2. **Group Manager (GM) or Unit Manager (UM) may certified all claims documents with the exception of claims incurred outside of Malaysia where the confirmation of the claim event and all other related and relevant documents issued by the Foreign Authority must be certified by the Malaysian Embassy or a Public Notary. Full passport book is required for all foreign claims.**  
Please ensure that at all times, all certified copies of the claim document are duly signed and stamped with the name and rank of the GM or UM.
3. **Submit this Requirement Checklist with the claim submission and tick the checkbox for documents submitted.**
4. **The Takaful Operator may request for additional documents/reports if deemed necessary.**

Certificate No. :	Branch :	Agent's signature :	
Participant/Person Covered :	Agent/Contact No. :	Date :	

### Direct Credit

- Direct Credit Facility Form
- Copy of NRIC
- Copy of bank statement / first page of bank passbook with account details

### Death Claims

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Death Claim Form - Claimant's Statement</li> <li><input type="checkbox"/> CTC Death Certificate</li> <li><input type="checkbox"/> CTC Claimant's NRIC</li> <li><input type="checkbox"/> CTC Deceased's NRIC</li> <li><input type="checkbox"/> CTC of Embarkment Certificate</li> <li><input type="checkbox"/> CTC Marriage Certificate if Claimant is spouse</li> <li><input type="checkbox"/> CTC Birth Certificate of Claimant if Claimant is child</li> <li><input type="checkbox"/> CTC Birth Certificate of Deceased if Claimant is parent</li> <li><input type="checkbox"/> Original copy of Letter of Authorisation/Consent (3 copies)</li> <li><input type="checkbox"/> Confirmation letter from National Registration Department (for overseas death claims)</li> </ul> <p><u>Additional requirements on accidental death</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accidental Death Benefit (ADB) Claim Form</li> <li><input type="checkbox"/> CTC Police Report</li> <li><input type="checkbox"/> CTC Detailed Post Mortem Report</li> <li><input type="checkbox"/> CTC of Toxicology Report, if any</li> <li><input type="checkbox"/> Newspaper Cutting, if any</li> <li><input type="checkbox"/> Others : _____</li> </ul> | <p><u>Important Notes</u></p> <ol style="list-style-type: none"> <li>i. If cause of death is unknown, the Takaful Operator will advise further on receipt of the Death Certificate.</li> <li>ii. For foreign Death Claim, CTC full passport book / Citizenship Certificate are required.</li> </ol> <p><u>Death due to natural causes</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doctor's Statement (for policy less than 5 years from date of commencement or from date of reinstatement, whichever is the later)</li> </ul> |
|---|--|

### Total & Permanent Disability Claims

- TPD Claim Form - Claimant's Statement
- TPD Claim Form - Doctor's Statement
- Original copy of Letter of Authorisation/Consent (3 copies)
- CTC Employment Termination Letter, if applicable
- CTC Person Covered's NRIC
- CTC Claimant's NRIC (if different from Person Covered)
- CTC Clinic/Hospital Consultation Card
- CTC EPF Withdrawal letter, if applicable
- CTC SOCSO Offer Letter/ SOCSO "Keputusan Jemaah Doktor Mengenai Keilatan", if applicable
- CTC of all relevant diagnostic test results or reports
- CTC Police Report (**accidental cause**)
- Newspaper Cutting (**accidental cause**), if applicable
- Others : \_\_\_\_\_

### Accident Rider Claims

- Accident Claim Form - Claimant's Statement
- Accident Claim Form - Attending Physician's Statement
- CTC Person Covered's NRIC
- CTC Claimant's NRIC (if different from Person Covered)
- Original/CTC Medical Certificates
- CTC Police Report, if applicable
- CTC Hospital bill(s) and Payment Receipt(s)
- Original Bills and original Payment Receipts (applicable to reimbursement claims)
- CTC of X-ray, MRI, CT scan or other radiology reports
- Others : \_\_\_\_\_

### Critical Illness Claims

- Critical Illness Claim Form - Claimant's Statement
- Confidential Medical Certificate (Cancer)
- Confidential Medical Certificate (Brain, Nerve & Muscle related condition) - to be completed by Consultant Neurologist
- Confidential Medical Certificate (Heart related conditions)
- Confidential Medical Certificate (Other Illnesses)
- Original copy of Letter of Authorisation/Consent (3 copies)
- CTC of Person Covered's NRIC
- CTC Claimant's NRIC (if different from Person Covered)
- CTC of all relevant diagnostic test results or reports for individual Covered Event (please refer to the list of Covered Events on the reverse side)
- Others : \_\_\_\_\_

<b>For Office Use</b>
Checked By : _____
Check Date : _____

*Note : CTC = Certified True Copy*

CLM-RCFCF-V04-082025-TAKAFUL

**Great Eastern Takaful Berhad 201001032332 (916257-H)**

Head Office: Menara Great Eastern 303 Jalan Ampang 50450 Kuala Lumpur  
 Telephone: +603 4259 8338 Fax: +603 4259 8808 Customer Service Careline: 1 300 13 8338  
 E-mail: i-greatcare@greasterntakaful.com Website: www.greasterntakaful.com

## LIST OF COVERED EVENTS AND THE REQUIRED MEDICAL EVIDENCE

1. **Heart Attack**
  - Cardiac Enzymes Assay results (CK-MB, Troponin T / Troponin I)
  - ECG tracing
  - Echocardiogram / Coronary Angiogram report
2. **Stroke**
  - CT Scan / MRI Report of Brain
  - \* CMC to be completed by Consultant Neurologist
3. **Coronary Artery Disease Requiring Surgery**
  - Coronary Artery By-Pass Surgery Report
4. **Cancer**
  - Histopathology Report
  - CT Scan / MRI Reports, if available
  - Bone Marrow Aspiration / Trepine Biopsy Report (Leukemia only)
  - Blood and laboratory test report
5. **Kidney Failure**
  - Kidney Dialysis Report / Dialysis Receipts
  - Kidney transplantation report
  - Blood test results
  - \* CMC to be completed by Consultant Nephrologist
6. **Fulminant Viral Hepatitis**
  - CT Scan Report of Liver
  - Liver Function Test results
  - Abdominal ultrasound
  - Hepatitis viral serology test
  - Any other laboratory or pathology reports
7. **Major Organ Transplant**
  - Surgery Report
8. **Paralysis / Paraplegia**
  - X-ray/CT Scan/ MRI Reports, if available
9. **Multiple Sclerosis**
  - CT Scan & MRI Report of Brain & Spine
  - Nerve conduction study / Evoked potential test
  - \* CMC to be completed by Consultant Neurologist
10. **Primary Pulmonary Arterial Hypertension**
  - All clinical and laboratory investigation results including cardiac catheterization
  - Echocardiogram report
11. **Blindness**
  - Visual Acuity Report on both eyes to be done by an ophthalmologist
  - \* CMC to be completed by an Ophthalmologist.
12. **Heart Valve Replacement**
  - Heart Valve Surgery Report
13. **Loss of Hearing / Deafness**
  - Pure Tone Audiometry Test and Sound Threshold Test results
  - Brainstem Auditory Evoked Response (BAER) report
14. **Surgery to Aorta**
  - Aorta Surgery Report
15. **Loss of Speech**
  - Laryngoscopy report
  - \* CMC to be completed by speech pathologist/therapist
16. **Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorder**
  - All relevant investigation results in support of the diagnosis
17. **Major Burns**
  - Total Body Surface Area Burn Assessment Report
18. **Coma**
  - \* CMC to be completed by Consultant Neurologist
19. **Terminal Disease**
  - All relevant investigation results in support of the diagnosis
20. **Motor Neuron Disease**
  - CT Scan/ MRI report of the Brain and Spine
  - Electromyography (EMG ) test results
  - All relevant investigation results in support of the diagnosis
  - \* CMC to be completed by Consultant Neurologist
21. **HIV Infection due to Blood Transfusion**
  - HIV antibody test by ELISA method on the date of blood transfusion
  - HIV antibody test by ELISA method 3 - 6 months from date transfusion
  - Statement from statutory Health Authority to confirm that the disease was medically acquired.
  - Western Blot test
22. **Parkinson's Disease**
  - All relevant investigation results in support of the diagnosis
  - \* CMC to be completed by Consultant Neurologist
23. **Chronic Liver Disease**
  - Liver Function Test
  - CT Scan of Liver
  - All laboratory, pathology, hepatitis screening, ultrasound & histology reports
24. **Chronic Lung Disease**
  - Pulmonary Function Test results
  - Arterial Blood Gas test results
  - FEV 1 Test results
  - Relevant investigation results
25. **Major Head Trauma**
  - CT Scan / MRI Report of Brain
  - Surgery report
  - Police report, if any
26. **Aplastic Anemia**
  - Bone Marrow Aspiration Report
  - Blood transfusion records
  - Bone Marrow transplant report
  - Full Blood Picture reports
27. **Muscular Dystrophy**
  - Lumbar puncture
  - Electromyography (EMG ) test results
  - Muscles biopsy
  - All relevant investigation results in support of the diagnosis
  - \* CMC to be completed by Consultant Neurologist
28. **Benign Brain Tumor**
  - CT Scan / MRI Report of Brain
  - Histopathology Report, if available
29. **Encephalitis**
  - CT Scan / MRI Report of Brain
  - \* CMC to be completed by Consultant Neurologist
30. **Poliomyelitis**
  - Diagnostic test results
  - \* CMC to be completed by Consultant Neurologist
31. **Brain Surgery**
  - Brain Surgery Report
32. **Bacterial Meningitis**
  - CT Scan / MRI Report of Brain & Spine
  - Lumbar puncture test report
33. **Other Serious Coronary Artery Disease**
  - Coronary Angiogram Report
34. **Apallic Syndrome**
  - CT Scan / MRI Report of Brain
  - \* CMC to be completed by Consultant Neurologist
35. **AIDS Cover for Medical Staff**
  - HIV antibody test by ELISA method within 5 days of the event/accident
  - HIV antibody test by ELISA method 3 - 6 months from date of blood transfusion.
  - Statement from statutory Health Authority to confirm that the disease was occupationally acquired.
  - Western Blot test
36. **Full Blown AIDS**
  - HIV antibody test by ELISA method
  - Western Blot Test
  - CD4 Cell Count
  - All serial Full Blood Picture blood test results
  - Histopathology examination (HPE)/ Biopsy report for Kaposi sarcoma or Malignant lymphoma
  - CT Scan/ MRI of Brain for Progressive multifocal leukoencephalopathy.
  - Chest X-ray report
  - Sputum C & S report
  - Sputum AFB

\* CMC = Confidential Medical Certificate

## **LIST OF COVERED EVENTS AND THE REQUIRED MEDICAL EVIDENCE FOR CERTIFICATES INCEPTED YEAR 2012 AND ABOVE**

### **1. Heart Attack**

- Cardiac Enzymes Assay results (CK-MB, Troponin T / Troponin I)
- ECG tracing
- Echocardiogram / Coronary Angiogram report

### **2. Stroke**

- CT Scan / MRI Report of Brain
- \* CMC to be completed by Consultant Neurologist

### **3. Coronary Artery By-Pass Surgery**

- Coronary Artery By-Pass Surgery Report

### **4. Cancer**

- Histopathology Report
- CT Scan / MRI Reports, if available
- Bone Marrow Aspiration / Trepine Biopsy Report (Leukemia only)
- Blood and laboratory test report

### **5. End Stage Kidney Failure**

- Kidney Dialysis Report / Dialysis Receipts
- Kidney transplantation report
- Blood test results
- \* CMC to be completed by Consultant Nephrologist

### **6. Fulminant Viral Hepatitis**

- CT Scan Report of Liver
- Liver Function Test results
- Abdominal ultrasound
- Hepatitis viral serology test
- Any other laboratory or pathology reports

### **7. Major Organ / Bone Marrow Transplant**

- Surgery Report

### **8. Paralysis / Paraplegia**

- X-ray/CT Scan/ MRI Reports, if available

### **9. Multiple Sclerosis**

- CT Scan & MRI Report of Brain & Spine
- Nerve conduction study/ Evoked potential test
- \* CMC to be completed by Consultant Neurologist

### **10. Primary Pulmonary Arterial Hypertension**

- All clinical and laboratory investigation results including cardiac catheterization
- Echocardiogram report

### **11. Blindness / Total Loss of Sight**

- Visual Acuity Report on both eyes to be done by an ophthalmologist
- \* CMC to be completed by an Ophthalmologist.

### **12. Heart Valve Surgery**

- Heart Valve Surgery Report

### **13. Deafness / Total Loss of Hearing**

- Pure Tone Audiometry Test and Sound Threshold Test results
- Brainstem Auditory Evoked Response (BAER) report

### **14. Surgery to Aorta**

- Aorta Surgery Report

### **15. Loss of Speech**

- Laryngoscopy report
- \* CMC to be completed by speech pathologist/therapist

\* CMC = Confidential Medical Certificate

### **16. Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorder**

- All relevant investigation results in support of the diagnosis

### **17. Major Burns**

- Total Body Surface Area Burn Assessment Report

### **18. Coma**

- \* CMC to be completed by Consultant Neurologist

### **19. Systemic Lupus Erythematosus (SLE) With Lupus Nephritis**

- Lupus Erythematosus (LE) cell blood test results
- Anti-DNA Antibodies
- Urine FEME results over past 6 months
- Renal function tests with eGFR results over past 6 months
- Renal biopsy report

### **20. Motor Neuron Disease**

- CT Scan/ MRI report of the Brain and Spine
- Electromyography (EMG ) test results
- All relevant investigation results in support of the diagnosis
- \* CMC to be completed by Consultant Neurologist

### **21. HIV Infection due to Blood Transfusion**

- HIV antibody test by ELISA method on the date of blood transfusion
- HIV antibody test by ELISA method 3 - 6 months from date transfusion
- Statement from statutory Health Authority to confirm that the disease was medically acquired.
- Western Blot test

### **22. Parkinson's Disease**

- All relevant investigation results in support of the diagnosis
- \* CMC to be completed by Consultant Neurologist

### **23. End Stage Liver Failure**

- Liver Function Test
- CT Scan of Liver
- All laboratory, pathology, hepatitis screening, ultrasound & histology reports

### **24. End Stage Lung Disease**

- Pulmonary Function Test results
- Arterial Blood Gas test results
- FEV 1 Test results
- Relevant investigation results

### **25. Major Head Trauma**

- CT Scan / MRI Report of Brain
- Surgery report
- Police report, if any

### **26. Chronic Aplastic Anemia**

- Bone Marrow Aspiration Report
- Blood transfusion records
- Bone Marrow transplant report
- Full Blood Picture reports

### **27. Muscular Dystrophy**

- Lumbar puncture
- Electromyography (EMG ) test results
- Muscles biopsy
- All relevant investigation results in support of the diagnosis
- \* CMC to be completed by Consultant Neurologist

### **28. Benign Brain Tumor**

- CT Scan / MRI Report of Brain
- Histopathology Report, if available

### **29. Encephalitis**

- CT Scan / MRI Report of Brain
- \* CMC to be completed by Consultant Neurologist

### **30. Severe Cardiomyopathy**

- Echocardiographic report
- Cardiac catheterisation report

### **31. Brain Surgery**

- Brain Surgery Report

### **32. Bacterial Meningitis**

- CT Scan / MRI Report of Brain & Spine
- Lumbar puncture test report

### **33. Other Serious Coronary Artery Disease**

- Coronary Angiogram Report

### **34. Angioplasty And Other Invasive Treatments For Major Coronary Artery Disease**

- Coronary angiogram report
- Percutaneous Coronary Intervention (PCI) or Laser treatment report

### **35. Loss Of Independent Existence**

- CT Scan / MRI report
- Ultrasound report
- Surgery report
- Blood test reports

### **36. Full Blown AIDS**

- HIV antibody test by ELISA method
- Western Blot Test
- CD4 Cell Count
- All serial Full Blood Picture blood test results
- Histopathology examination (HPE)/ Biopsy report for Kaposi sarcoma or Malignant lymphoma
- CT Scan/ MRI of Brain for Progressive multifocal leukoencephalopathy.
- Chest X-ray report
- Sputum C & S report
- Sputum AFB

**DEATH CLAIM  
DOCTOR'S STATEMENT**



Certificate No.	<input type="text"/>	New NRIC No.	<input type="text"/> - <input type="text"/> - <input type="text"/>
Certificate No.	<input type="text"/>	Old NRIC/Birth Certificate/ Passport No.	<input type="text"/>
Certificate No.	<input type="text"/>	Name of Deceased	_____
Certificate No.	<input type="text"/>		

The above name is covered with Great Eastern Takaful Berhad against the happening of certain contingent events associated with his / her health. A claim has been submitted for Death benefit and to enable us to assess the claim, kindly complete this confidential report.  
(For any fee incurred in completing this form, it will be borne by claimant)

**SECTION I: DECEASED'S MEDICAL RECORD**

1. Date of Death	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)																				
2. Height / Weight	_____ (cm) _____ (kg)																				
3. Are you the Deceased's regular / family doctor? If "YES", since what date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)																				
4. Has the Deceased previously suffered from or been detected to have hypertension, diabetes, angina, hyperlipidaemia, cardiovascular disease, transient ischaemic attack, neurological disorders, renal disease, hepatitis B or C, autoimmune disorder, pre-malignant condition, cancer or any other significant illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", please provide the following:	<table border="1"> <thead> <tr> <th>Medical Condition</th> <th>Date of Diagnosis</th> <th>Medication / Treatment</th> <th>Name of Treating Doctor</th> <th>Name of Clinic / Hospital and Address</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Medical Condition	Date of Diagnosis	Medication / Treatment	Name of Treating Doctor	Name of Clinic / Hospital and Address															
Medical Condition	Date of Diagnosis	Medication / Treatment	Name of Treating Doctor	Name of Clinic / Hospital and Address																	
5. Did you attend to the Deceased's last illness? If "YES", (i) What were the symptoms presented?  (ii) Date of symptoms started  (iii) What was the diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No (i) _____ (ii) <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) (iii) _____ _____																				
6. Was the Deceased hospitalised? If "YES", please state the: (i) Name of hospital admitted  (ii) Date of First admission Date of Last admission  (iii) Name(s) of attending doctor(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No (i) _____ (ii) <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) (iii) _____ _____																				
7. Was other doctor referring the Deceased to you? If "YES", please state the name(s) and address(es) of the attending doctor(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____																				

8. (i) Please state the disease(s) or condition(s) DIRECTLY leading to death with approximate interval between onset and death.

Cause of Death	Approximate Interval between onset and death			
	Years	Months	Days	Hours

(ii) Name of doctor(s) and hospital(s) that made the diagnosis.

(iii) Was the Deceased / family been informed of the diagnosis?

Yes       No       Information unavailable

9. Was there any predisposing cause(s) of the Deceased's death in his/her habits (use of alcohol, narcotics, etc), family history, occupation or previous sickness?

Yes       No

If "YES", please provide details:

10. Any other information that you feel may be relevant?

**SECTION II: This section is applicable to ACCIDENTAL DEATH only**

Please attach certified true copies of ALL the relevant laboratory evidences / tests available

Post-mortem or Autopsy report       Alcohol / drug test report

1. Date and Time of Accident

/  /  (dd/mm/yyyy)     -  (am/pm)

2. Nature of Accident (please tick only one)

Road Traffic Accident       Fall from Height / Building  
 Drowning       Industrial / Accident at Work  
 Fire       Air / Rail / Ship Disaster  
 Explosion       Sports Related  
 Other: Please describe: \_\_\_\_\_

3. Please describe how the accident happen.

4. Was the Deceased suspected to be under the influence of any alcohol or drugs?

Yes       No  
 If "YES", was there any sample of urine or blood sent for further test?  
 Yes       No

5. In your opinion / investigation, do you think that death was resulted from the accident?

Yes       No

If "NO", what do you think was the cause of death? Please elaborate in detail.

**DECLARATION: TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SPECIALIST**

I, the undersigned, do hereby declare that I have answered the above questions are true and to the best of my knowledge and belief.

Signature and Official Stamp

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date:  /  /  (dd/mm/yyyy)