



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 : clcplus@yahoo.com.my

KEPADA

TUAN/PUAN,

TUNTUTAN KEMATIAN (PENYAKIT/SEMULAJADI)
SKIM INSURANS BERKELOMPOK CUEPACS – GPT 20/21

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 <i>/ Passport No.</i> | <input type="text"/> |
| Certificate No. <i>No. Sijil</i> | <input type="text"/> | No. KP Lama / Sijil <i>Kelahiran / Pasport</i> | <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> | | | | |
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| Certificate / Policy No. <i>No. Sijil / Polisi</i> | Takaful Operator / Company <i>Pengendali Takaful / Syarikat</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 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> | | | | | | | | | | | | |
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CLM-DTHCF-V01-032016-TAKAFUL

Great Eastern Takaful Berhad (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@greateastertakaful.com Website: www.greateastertakaful.com

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* _____

| | |
|--|--|
| Certificate No. <input style="width:100%;" type="text"/> | New NRIC No. <input style="width:100%;" type="text"/> |
| Certificate No. <input style="width:100%;" type="text"/> | Old NRIC/Birth Certificate/ Passport No. <input style="width:100%;" type="text"/> |
| Certificate No. <input style="width:100%;" type="text"/> | Name of Deceased _____ |
| Certificate No. <input style="width:100%;" 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 style="width:100%;" 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 style="width:100%;" 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 or any other significant illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", please provide the following: | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Medical Condition</th> <th style="width:15%;">Date of Diagnosis</th> <th style="width:25%;">Medication / Treatment</th> <th style="width:20%;">Name of Treating Doctor</th> <th style="width:20%;">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 | | | | | | | | | | | | | | | |
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| 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 style="width:100%;" 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 style="width:100%;" type="text"/> (dd/mm/yyyy) <input style="width:100%;" 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)

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 _____
keuangan, 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-V04-032016-TAKAFUL

Great Eastern Takaful Berhad (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@greataeastertakaful.com Website: www.greataeastertakaful.com

8080099802

Important

1. By signing this form, you confirm that you have read, understood and agree to the authorisations and declarations printed overleaf.
2. This Direct Credit facility is only available for direct credit to accounts maintained in banks participating in the Interbank Giro (IBG) payment system in Malaysia. In relation to a Payee* who is a minor, payments shall only be made to accounts maintained by the parent or lawful guardian.
3. This Direct Credit facility is not allowed for any joint bank accounts unless the Certificate Owner/Payee is the primary account holder.
4. We reserve the right to release payment by cheque in the event of (a) insufficient / invalid / incorrect information being provided in this Direct Credit facility form, (b) payment being made to joint Payees (e.g. joint administrators or joint executors), and / or (c) the failure of the transfer to the beneficiary bank for any reason whatsoever, (d) If the claim amount exceeds the maximum amount allowed by IBG transaction.
5. All further claims benefits payable for the same event will be credited into the account below, unless otherwise notified by the certificate owner.

Payee* refers to any person / company who is the person entitled to the Certificate monies, e.g. Certificate owner, Person Covered, beneficiary, assignee, trustee, Public Trustee / Amanah Raya, executor / executrix, administrator / administratrix.

| | | |
|---|--|---|
| Certificate No. | <input type="text"/> | |
| Name of Certificate Owner / Payee* | <input type="text"/> | |
| Name of Person Covered (applicable for claims if different from above) | <input type="text"/> | |
| NRIC No. / Passport No. / Company Registration No. | <input type="text"/> | * same as in Certificate and Bank Account |
| Beneficiary Bank | <input type="text"/> | |
| Bank Account Holder Full Name | <input type="text"/> | |
| Bank Account No. | <input type="text"/> | |
| Account Type | <input type="checkbox"/> Single Account <input type="checkbox"/> Joint Account <small>(Only allowed if Certificate Owner / Payee is the primary account holder)</small> | |
| Transaction Type | <input type="checkbox"/> Cash Payout <input type="checkbox"/> Surrender/Withdrawal <input type="checkbox"/> Cash Benefit <input type="checkbox"/> Maturity <input type="checkbox"/> Contribution Refund <input type="checkbox"/> Family Claims <input type="checkbox"/> Individual Health Claims <input type="checkbox"/> Others _____ | |
| Email Address (mandatory) | <input type="text"/> | |
| Mobile (mandatory) | + <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| <small>example: 012-345 6789 (Malaysia)</small> | <small>Country Code 6 0 1 2 3 4 5 6 7 8 9</small> <small>* The mobile and email address REQUIRED will be used for payment notification for the above certificate(s)</small> | |

AUTHORISATION / DECLARATION

- I / We hereby:
1. Instruct the Takaful Operator to pay into my / our designated bank account ("Account") as stated overleaf all the amount payable to me / us arising from transactions effected through the above Certificate.
 2. Declare that the information provided by me / us as in this form are true and correct and undertake to immediately inform the Takaful Operator any change in the same. I further confirm that I am the Account holder and have full power and authority to operate the Account [in respect of a partnership or a body corporate]. We further confirm that the person signing this form is the authorised signatory for the Account, and have full power and authority to operate the Account.
 3. Understand that this standing instruction shall not take effect on any existing transactions that have already been executed and that the Takaful Operator has the right to reject this standing instruction in the event that it is found to be payable to a third party account.
 4. Agree that the Takaful Operator shall not be liable in the event that any payment transaction into my / our Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and / or for any other reason beyond the reasonable control of the Takaful Operator.
 5. Acknowledge and agree that the payment made into the Account shall be a valid discharge of the Takaful Operator's liability under the Certificate. I / We further agree that the Takaful Operator shall not be held liable for any damages, losses, claims, cost and / or expenses which I / we may incur as a result of such payments made into the Account in accordance with my / our instructions herein, including but not limited to the subsequent withdrawal of the Certificate monies from the Account by persons other than myself / ourselves, and agree to indemnify and to keep the Takaful Operator indemnified of any damages, losses, claims, cost and / or expenses incurred by the Takaful Operator in defending any claim arising from and / or in connection with payments made by the Takaful Operator into the Account in accordance with my / our instructions herein.

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6. Agree to immediately refund to the Takaful Operator in full any monies paid into the Account which is paid in error or which I am / we are otherwise not entitled to receive.
7. Declare that I am not an undischarged bankrupt [*in respect of a partnership or a body corporate*]. We declare that no order has been made, petition filed or resolution passed for our winding up, dissolution or liquidation or for the appointment of a liquidator, receiver, custodian or trustee for all or any part of our property or assets or for an administration order against us.
8. Agree that this instruction shall continue to be in force until I / we expressly revoke the same by executing a new Direct Credit facility form to replace this Account with a new bank account. However, the Takaful Operator may in its absolute discretion terminate the Direct Credit service at anytime and without assigning any reason(s) therefor.
9. Agree that the personal data provided in this form may be recorded, used, disclosed, processed and stored by the Takaful Operator for the purposes relating to the payment of funds in accordance with my / our instructions herein, and for the purposes of compliance with any legal or regulatory requirements.
10. Consent that my personal information may be used, recorded, stored, disclosed or otherwise processed by or on behalf of the Takaful Operator (and its successors in title) to carry out takaful business.

Signature of Payee* & Company Stamp (if applicable)

Name: _____

Date: _____ (DD/MM/YY)

For Office Use:

Bank Code:

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Branch Code:

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Reject Reason: _____

Signature of Witness

Name: _____

NRIC No: _____

Contact No: _____

Address: _____