



**Part 5 / Bahagian 5 : Declaration by Certificate Owner and/or Claimant / Perakuan Peserta dan/atau Pihak Yang Menuntut**

I hereby declare that to the best of my knowledge the above statements and facts are true and accurate and I/we did not falsify or provide any false statements to support the claim. / *Bahwasanya dengan ini adalah saya sepanjang pengetahuan saya mengesahkan pernyataan-pernyataan dan butir-butir yang terkandung diatas adalah benar dan betul dan saya tidak memalsukan atau memberikan pernyataan yang tidak benar bersabit tuntutan tersebut.*

If this form was completed by someone else, I hereby declare that all statement provided by them to be considered as statements provided by myself and I shall be fully responsible for those statements./ *Sekiranya barang ini diisi oleh orang lain bagi pihak saya maka saya mengaku bahawa apa-apa pernyataan yang dibuat oleh saya adalah disifatkan sebagai pernyataan saya sendiri dan saya akan bertanggungjawab ke atas pernyataan-pernyataan tersebut.*

I also declare that I shall fully cooperate with the Company and any other parties representing the Company in relation to the claim./ *Saya seterusnya mengaku akan memberi kerjasama yang sepenuhnya kepada pihak Syarikat serta mana-mana pihak lain yang mewakili pihak Syarikat bersabit dengan tuntutan ini.*

<input type="text"/>				
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Date (DD/MM/YYYY)

Tarikh (HH/BB/TTT)

Certificate's Owner Signature (Please affix Official Seal, if applicable)

Tandatangan Pemegang Sijil (Sila letakkan Cop Rasmi jika berkenaan)

Claimant's Signature / Tandatangan Pihak Yang

Menuntut

**Part 6 / Bahagian 6 : Verification of Identity by Third Party / Pengesahan Pengenalan Pihak Ketiga**

Signature / Tandatangan .....

New IC No. / No KP Baru .....

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name / Nama .....

Date (DD/MM/YYYY)

Tarikh (HH/BB/TTT)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"Third Party" means takaful agents, takaful brokers or staff of the Company . / "Pihak Ketiga" bermaksud ejen ta'aful, broker takaful atau kakitangan pihak Syarikat.

**PART 7 / BAHAGIAN 7: MEDICAL CERTIFICATION FOR DEATH**

**THE FOLLOWING INFORMATION MUST BE COMPLETED BY ATTENDING PHYSICIAN. Please continue on page 4/4 if additional space is required.**

1. Are you the deceased's regular medical practitioner? If YES, for how long?
2. If NO, please provide name and address of the deceased's regular medical practitioners if made known to you.
3. Please provide name and address of other medical practitioners whom to your knowledge had attended to the deceased in the past three years.
4. Did you attend to the deceased during his last illness? If YES, for what complaint?
5. Were you present at the time of death? If NOT, when did you last attend to the deceased?
6. Have you previously attended to the deceased for any other illness or injuries? If YES, for what complaints and when?
7. What was the:- a) Primary cause of death  
b) Underlying disease  
c) Complications
8. For what other significant disease or injuries did the deceased suffer and for how long?
9. For how long was the deceased hospitalised, confined to house or prevented from attending to business/occupation? Please specify period under each category.
10. Was there any possibility that the deceased's death was related to his habits(use of alcohol, narcotics etc.), family medical history, occupation or previous illness? If yes , please complete Questions 10a to 10c :-  
a) If the deceased was a smoker, please state number of cigarettes smoked per day and number of years smoked.  
b) If the deceased consumed alcohol or used drugs, please state frequency of consumption , amount consumed , type of drugs used and number of years of consumption.  
c) Please state family medical history, occupation, previous illness or other special causes that could directly or indirectly be related to his/her death.

**DECLARATION BY THE ATTENDING PHYSICIAN**

To the best of my knowledge, I hereby declare that all the information given above are true and accurate

Name of deceased : .....

NRIC/BC/Passport No : ..... MRN No : .....

Signature of Attending Physician : ..... Professional Qualifications : .....

Name of Attending Physician : .....

<input type="text"/>				
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Date (DD/MM/YYYY)

Hospital/Clinic Address : .....

**Important Notice / Notis Penting**

Please submit the following documents to support your claim: / Sila sertakan dokumen-dokumen di bawah untuk menyokong tuntutan anda:

- |   |  |
|---|--|
| <input type="checkbox"/> Death Claim Form duly completed<br><i>Borang Tuntutan Kematian yang lengkap diisi</i>                                | <input type="checkbox"/> Certified copy of Police Report, if any<br><i>Salinan Laporan Polis yang disahkan, sekiranya ada</i>  |
| <input type="checkbox"/> Certified copy of Death Certificate<br><i>Salinan Sijil Kematian yang disahkan</i>                                   | <input type="checkbox"/> Certified copy of Claimant's Identity Card<br><i>Salinan Kad Pengenalan orang yang menuntut yang disahkan</i><br>Additional document for death due to accident<br><i>Dokumen tambahan bagi kematian akibat kemalangan</i> |
| <input type="checkbox"/> Certified copy of Burial Permit<br><i>Salinan Permit Menguburkan yang disahkan</i>                                   | <input type="checkbox"/> Certified copy of Police Report<br><i>Salinan Laporan Polis yang disahkan</i><br>Additional document for Individual Family Takaful Plan<br><i>Dokumen tambahan bagi Pelan Takaful Keluarga Individu</i>                   |
| <input type="checkbox"/> Certified copy of Participant's Identity Card<br><i>Salinan Kad Pengenalan yang disahkan</i>                         | <input type="checkbox"/> Original copy of Takaful Certificate, if any<br><i>Salinan asal Sijil Takaful, sekiranya ada</i>  |
| <input type="checkbox"/> Certified copy of Deceased's Identity Card<br><i>Salinan Kad Pengenalan orang yang meninggal dunia yang disahkan</i> | <input type="checkbox"/> Proof of relationship between claimant and deceased<br><i>Bukti perhubungan orang yang menuntut dengan orang yang meninggal dunia</i>   |
| <input type="checkbox"/> Certified copy of Medical Report, if any<br><i>Salinan Laporan Perubatan yang disahkan, sekiranya ada</i>            |  |

Please note that the Company may require additional supporting documents to be submitted after the claim has been registered. / Sila ambil maklum bahawa pihak Syarikat mungkin memerlukan dokumen-dokumen tambahan lain untuk diserahkan setelah tuntutan ini didaftarkan.

**DIRECT CREDIT INSTRUCTION / ARAHAN PINDAHAN TERUS**

**Important Note :** The account holder name and claimant must be the same person / **Nota Penting :** Nama Pemegang Akaun dan penandatangan arahan kredit mestilah sama dengan penuntut pada borang tuntutan.

**E-Payment (Individual) / E-Pembayaran (Individu)**

Name of Account Holder / Nama Pemegang Akaun															
IC / Passport No. / No. Mykad / Paspot															
Correspondence Address / Alamat Surat Menyurat															
Occupation/ Perkerjaan															
Employer / Majikan															
E-mail Address / Alamat E-mel															
Telephone No. / No. Telefon															
Bank Name / Nama Bank															
Bank Account No. / No. Akaun Bank															
Signature / Tandatangan								Date / Tarikh							

**Terms and Conditions / Terma-terma dan Syarat-syarat**

1. Direct Credit facility is only applicable for bank accounts maintained in Malaysia. For overseas customers, we will assess and allow overseas accounts on a case to case basis. *Kemudahan Kredit Terus hanya boleh digunakan bagi akaun yang diselenggara Malaysia sahaja. Bagi pelanggan luar negara, kami akan menilai setiap kes sebelum membentarkan kemudahan Kredit Terus ini.*
2. Direct facility is applicable for Participant's/ Certificate Owner's bank account only. Payment to other beneficiaries is to be considered on case by case basis. *Kemudahan Kredit Terus boleh digunakan untuk akaun bank Peserta/ Pemilik Sijil sahaja. Pembayaran kepada penerima lain akan dipertimbangkan berdasarkan setiap kes.*
3. Participant/ Certificate Owner is to furnish a copy of the bank passbook or bank statement and the IC no./ Passport no. that was used to open the bank account for verification purpose. *Peserta/ Pemilik Sijil perlu mengemukakan satu salinan buku simpanan bank atau penyata bank dan No. Kad Pengenalan/ No. Pasport yang digunakan bagi membuka akaun bank untuk tujuan pengesahan.*
4. If the copy of bank passbook or bank statement is not provided, the Participant/ Certificate Owner is deemed to have confirmed the account details provided in this form as valid and accurate.

\* In the event of any invalid/ inaccurate account details provided by Participant? Certificate Owner results in payment being credited into a third party bank account, the payment made thereto is still deemed as full payment for Refund/ Surrender/ Partial Withdrawal/ Claims/ Cancellation/ Others and STMKB shall be released and fully discharged from all existing and future liabilities, claims and demands in relation to such Refund/ Surrender/ Partial Withdrawal/ Claims/ Cancellation/ Others.

Jika salinan buku simpanan bank atau penyata bank dan No. Kad Pengenalan/ No. Pasport yang digunakan bagi membuka akaun bank untuk tujuan pengesahan.

\* Sekiranya butir-butir yang diberikan oleh Peserta/ Pemilik Sijil tidak sah atau tidak tepat, mengakibatkan pembayaran Kredit Terus ke dalam akaun bank pihak ketiga, pembayaran dibuat itu masih dianggap pembayaran penuh bagi tujuan Bayaran Balik/ Serahan/ Pengeluaran Sebahagian / Tuntutan/ Pembatalan/ Lain-lain dan STMKB tidak akan bertanggungjawab atas segala liabiliti, dakwaan dan permintaan pada masa kini dan juga pada masa hadapan yang berkaitan dengan Bayaran Balik/ Serahan/ Pengeluaran Sebahagian/ Tuntutan/ Pembatalan/ Lain-lain.

ADDITIONAL SPACE FOR PART 4, QUESTION 7 OR PART 7 / RUANGAN TAMBAHAN UNTUK BAHAGIAN 4, SOALAN 7 ATAU BAHAGIAN 7