TAKAFULmalaysia

**Syarikat Takaful Malaysia Am Berhad** (1246486-D)
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| FOR OFFICE USE | |
|---|---|
| DATE RECEIVED: | |
| OFFICER IN-CHARGE: | |
| SERVICING BRANCH: | |
| NOTIFICATION NO: | |

The issuance and acceptance of this claim form is not an admission of liability by the Company and if false statements or declarations be made in support of this claim, this claim shall be null and void. Please complete this claim form in full in CAPITAL LETTERS and cross [x] the boxes as appropriate.

*Pengeluaran dan penerimaan borang tuntutan ini bukan pengakuan liabiliti oleh pihak Syarikat dan sekiranya kenyataan dan pengisytiharan palsu dibuat untuk menyokong tuntutan ini, maka tuntutan ini adalah dianggap batal dan tidak sah. Sila lengkapkan borang tuntutan ini sepenuhnya dengan HURUF BESAR dan pangkah [x] pada kotak-kotak di mana perlu.*

# WORKMEN'S COMPENSATION TAKAFUL CLAIM FORM / *BORANG TUNTUTAN TAKAFUL PAMPASAN PEKERJA*

## Part 1 : Details of Participant (Employer) / *Bahagian 1 : Butir-butir Peserta (Majikan)*

1. Takaful Certificate No. / *No. Sijil Takaful*

2. Name / *Nama*

3. Business Registration No. / *No. Pendaftaran Perniagaan*

Old IC No. / Passport No. / Company Registration No. / *No. KP Lama / No. Pasport / No. Pendaftaran Syarikat*

4. Correspondence Address /*Alamat surat-menyurat*

Postcode / *Poskod*

5. Telephone / *Telefon* 0 -

Facsimile No / *No Faksimili* -

6. E-mail Address / *Alamat E-mel*

## Part 2 : Details of Injured Worker / *Bahagian 2 : Butir-butir Pekerja Yang Tercedera*

1. Name / *Nama*

2. New NRIC No. / *No. KP Baru* - -

Old IC No. / Birth Cert No. / Passport No. / *No. KP Lama / No. Sijil Lahir / No. Pasport*

3. Gender / *Jantina* ☐ Male / *Lelaki* ☐ Female / *Perempuan*

4. Date of Birth (DD/MM/YYYY) / *Tarikh Lahir (HH/BB/TTTT)* / /

5. Nationality / *Warganegara*

6. Correspondence Address / *Alamat surat-menyurat*

Postcode / *Poskod*

7. Date of employment (DD/MM/YYYY) / *Tarikh mula berkhidmat dengan Peserta (HH/BB/TTTT)* / /

## Part 3 : Date of Accident / *Bahagian 3 : Butir-butir Kemalangan*

1. Date of Accident (DD/MM/YYYY) / *Tarikh kemalangan (HH/BB/TTTT)* / /

Time / *Masa* : AM / PM

2. Location / *Lokasi*

3. Did the accident occur while at work? / *Adakah kejadian berlaku dalam tempoh waktu bekerja?* ☐ Yes / *Ya* ☐ No / *Tidak*

4. What is the nature of work when the accident occurred? / *Apakah jenis pekerjaan yang dilakukan semasa kemalangan?*

5. What type of work performed by the injured worker during the accident? / *Apakah pekerjaan yang dilakukan oleh pekerja semasa kemalangan?*

6. How exactly did the accident occur? / *Bagaimanakah kemalangan berlaku?*

7. State the names of persons who witnessed the accident. / *Nyatakan nama-nama orang yang menyaksikan kemalangan tersebut.*

8. Was the injured worker under the influence of intoxicating drinks or drugs at the time of accident? /
*Adakah pekerja di bawah pengaruh alkohol atau dadah semasa berlaku kemalangan?*

☐ Yes / *Ya* ☐ No / *Tidak*

9. Description of the nature of injury / *Berikan kemalangan kecederaan yang di alami.*

10. If treated at hospital, please state name of hospital? / *Jika dirawat di hospital, nyatakan nama hospital?*

11. Whether still admitted in hospital? / *Adakah pekerja masih diwad?* ☐ Yes / *Ya* ☐ No / *Tidak* Whether in or out-patient or if discharged, date of discharged? / *Samada menerima rawatan pesakit luar atau diwadkan atau jika telah didiscaj, nyatakan tarikh tarikh keluar hospital?*

12. If not treated at hospital, please state whether being medically attended, and if so, by whom? /
*Jika tidak dirawat di hospital, nyatakan samada diberi rawatan dan jika "ya", oleh siapa?*

13. Is the injured worker able to do partial work? /
*Adakah pekerja yang tercedera mampu melakukan kerja separa?* ☐ Yes / *Ya* ☐ No / *Tidak*

14. What is the possible period of disablement (approximate)? /
*Anggaran tempoh ketidakupayaan?*

15. On what date did the injured worker actually cases work (DD/MM/YYYY)? /
*Nyatakan tarikh pekerja berhenti berkerja (HH/BB/TTTT)* ☐☐ / ☐☐ / ☐☐☐☐

## Part 4 : Declaration by Participant and Injured Worker / *Bahagian 4 : Perakuan Peserta dan Pekerja yang tercedera*

I/We hereby declare that, to the best of my/our knowledge, the above statements and facts are true and I/We did not false or provide any false statements to support this claim / *Bahawasanya dengan ini adalah saya/kami sepanjang pengetahuan saya/kami mengesahkan pernyataan-pernyataan yang terkandung di atas adalah benar dan betul dan saya/kami tidak memalsukan atau memberikan pernyataan yang tidak benar bagi menyokong tuntutan tersebut.*

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

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

☐☐ / ☐☐ / ☐☐☐☐

Date (DD/MM/YYYY) / *Tarikh (HH/BB/TTTT)*

Participant's Signature and Official Seal / *Tandatangan Peserta dan Cop Rasmi*

Worker's Signature / *Tandatangan Pekerja*

## Part 5 : Verification of identity / *Bahagian 5 : Pengesahan Pengenalan*

I hereby certify that the participant's and claimant's original Identity Card (IC) / Business Registration Certificate was verified and authenticated by me at the point of claim submission. /
Third Party Verification / *Pengesahan Pihak Ketiga :*

Signature / *Tandatangan* _____ New NRIC No. / *No. KP Baru* ☐☐☐☐☐☐ - ☐☐ - ☐☐☐☐

Name / *Nama* _____ Date (DD/MM/YYYY) / *Tarikh (HH/BB/TTTT)* ☐☐ / ☐☐ / ☐☐☐☐

"Third Party" means takaful agents, takaful brokers or staff of the Company. / *"Pihak Ketiga" bermaksud ejen takaful, broker takaful atau kakitangan pihak Syarikat.*

## Important Notice / *Notis Penting*

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

- ☐ Workmen's Compensation Claim Form duly completed / *Borang Tuntutan Takaful Pampasan Pekerja yang lengkap diisi*
- ☐ Copy of Injured Woker's NIRC/Passport/ *Salinan Kad Pengenalan/Pasport Pekerja yang tercedera*
- ☐ Copy of Police Report / *Salinan Laporan Polis*
- ☐ Copy of Medical leave certificates / *Salinan Sijil cuti sakit*
- ☐ Copy of employment letter / *Salinan surat lantikan jawatan daripada majikan*
- ☐ Original Medical bills / *Salinan asal bil-bil perubatan*
- ☐ Copy of Death certificate, if applicable / *Salinan Sijil Kematian, sekiranya berkenaan*
- ☐ Copy of six month salary slips, if applicable / *Salinan slip gaji selama enam bulan, sekiranya berkenaan.*

Please note that Takaful Malaysia Am may require additional supporting documents to be submitted after the claim has been registered / *Sila ambil maklum bahawa Takaful Malaysia Am 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 / Pasport* | | | |
| Correspondence Address / *Alamat Surat Menyurat* | | | |
| 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 bank yang diselenggara di Malaysia sahaja. Bagi pelanggan luar negara, kami akan menilai setiap kes sebelum membenarkan kemudahan Kredit Terus ini.*

2. Direct Credit 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 STMAB 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 tidak dikemukakan, Peserta / Pemilik Sijil dianggap telah mengesahkan bahawa butir-butir akaun di dalam borang ini adalah sahih dan tepat.*
   ** 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 STMAB 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.*