Accidental Death & Total Permanent Disability Claim Form (for EMGS)

Type of Document(s)	Document Checklist	
	Disability Claims	**Death Claims**
Accidental Death & Total Permanent Disability Claim Form (Section I & II)	☐	☐
Medical Attendant's Report (Death) duly completed by the last attending doctor prior to deceased's Death		☐
Medical Attendant's Report (TPD) duly completed by the attending doctor	☐	
Certified true copy of Post Mortem Report		☐
Certified true copy of passport	☐	☐
Certified true copy of death certificate		☐
Certified true copy of police report	☐	☐
Certified true copy of medical boarded out letter from doctor and employer	☐	
Offer Letter from University	☐	☐
Copy of passbook / copy of account bank	☐	☐
Proof of relationship between the beneficiary and the deceased e.g. Marriage Cert/ Birth Cert		☐

Accidental Death & Total Permanent Disability Claim Form (for EMGS)

Claim No :

To be completed by Claimant

☐ Participant ☐ Beneficiary

Section I - Beneficiary Information

1. Name of Beneficiary:

2. ID/Passport No:	3. Date of Birth:

4. Relationship with Participant

☐ Spouse ☐ Child ☐ Parent

5. Bank Account No.:	6. Bank Name:

7. Correspondence Address:

Participant Information

1. Name:

2. ID/Passport No:	3. Date of Birth:
4. Application No:	5. Plan Type:

Details of Other Insurance Policies, Takaful Certificate

Name of Insurance/Takaful Operator	Policy/Certificate No	Effective Date	Amount of Benefits(RM)
1.			
2.			
3.			
4.			

Section II – Type of Claims

Disability Claims

1. State how the accident occurred:

2. Date of Event:	3.Place:	4. Time: am/pm

5. Date of Disability:

6. Name of Treating Doctor:	7. Date of Treatment:

8. Address of Clinic / Hospital:

9. Name and Address of doctors who will be able to provide more information on the participant condition and treatments.

Name of Doctor	Clinic / Hospital Name	Address
1.		
2.		
3.		

Death Claims

1. Cause of Death:

2. Date of Event:	3.Place of Death:	4. Time : am/pm

Declaration

I Hereby declare that the answers and statements given by me above are true and complete to the best of my knowledge and belief, and that I have not withheld any material fact in my giving of the said answers and statements. I hereby make claim on Hong Leong MSIG Takaful Berhad in respect of the Takaful Certificate monies payable and / or the benefits due under Takaful Certificate and agree that the written statements, reports and affidavits of any doctor who consult by the deceased or who attended to the deceased and all other documents furnish to the Takaful Operator in support of this claim shall constitute and are hereby made a part of the proof of the death of the deceased.

I acknowledge and further agree that the furnishing of this form or of any other form or document to me by the Takaful Operator for completion, the acceptance of this form or of any other form or document to me by the Takaful Operator from me or from any other person , and any act enquiry or investigation by the Takaful Operator in connection with or related to the death of the deceased , shall not constitute or be considered an admission of any liability by the Takaful Operator or that there was any assurance on force on te life of the deceased , or that the Takaful Operator has waived any of its right or defenses.

Signature of Claimant (Participant/ Beneficiary): _____

Name of Claimant (Participant/ Beneficiary): _____

ID/ Passport No: _____

Date: _____

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