

## CLAIMANT'S STATEMENT KENYATAAN PIHAK YANG MENUNTUT

**DEATH CLAIM / TUNTUTAN KEMATIAN**

| Policy No. / No. Polisi         | i. | ii. | iii. | iv. |
|---------------------------------|----|-----|------|-----|
| Face Amount / Amaun Muka        |    |     |      |     |
| Amount Claimed / Amaun Dituntut |    |     |      |     |

1. Name of Insured / Nama Insured: \_\_\_\_\_
2. IC No. / No. KP: \_\_\_\_\_
3. Residence at Death / Alamat Ketika Mati: \_\_\_\_\_
4. Deceased's Date of Birth / Tarikh Lahir Simati: \_\_\_\_\_
5. Date and place of Death / Tarikh dan Tempat Kematian  
(a) Date / Tarikh: \_\_\_\_\_ (b) Place / Tempat: \_\_\_\_\_
6. Cause of Death / Sebab Kematian: \_\_\_\_\_
7. Date deceased first experienced symptoms of his illness / Tarikh simati mula-mula mengalami simptom penyakitnya  
\_\_\_\_\_
8. Date deceased first consulted a doctor for his illness / Tarikh simati mula-mula mendapat rawatan doktor untuk penyakitnya  
\_\_\_\_\_
9. Last Occupation / Pekerjaan Terakhir: \_\_\_\_\_
10. Name and address of last employer / Nama dan alamat majikan terakhir  
\_\_\_\_\_  
\_\_\_\_\_
11. Date deceased last attended to his usual duties / Tarikh terakhir si mati melakukan tugas-tugasnya yang biasa  
\_\_\_\_\_
12. Name and address of all doctors who attended to deceased during the past three years  
Nama dan alamat semua doktor yang pernah merawat simati dalam jangka masa tiga tahun sebelum kematiannya

| Name / Nama | Address / Alamat | Dates of Attendance / Tarikh Rawatan | Reason for Consultation / Sebab Rawatan |
|-------------|------------------|--------------------------------------|---|
|             |                  |                                      |   |
|             |                  |                                      |   |
|             |                  |                                      |   |
|             |                  |                                      |   |

**13. Please give details of policies taken with other insurance companies / Sila beri butir-butir polisi yang telah diambil dengan syarikat insuran lain**

| Name of Company / Nama Syarikat | Date of Policy / Tarikh Polisi | Face Amount / Amaun Muka |
|---------------------------------|--------------------------------|--------------------------|
|                                 |                                |                          |
|                                 |                                |                          |
|                                 |                                |                          |
|                                 |                                |                          |

**14. Claimant details / Butir-butir pihak yang menuntut**

- (a) Name / Nama: \_\_\_\_\_
- (b) IC No. / No. KP: \_\_\_\_\_
- (c) Address / Alamat: \_\_\_\_\_  
\_\_\_\_\_
- (d) Relationship with deceased / Hubungan dengan simati: \_\_\_\_\_

**Declaration / Pengakuan**

I hereby declare that my answers above are all complete and true, to the best of my knowledge and belief. / Saya, dengan ini mengaku bahawa kenyataan saya di atas adalah lengkap dan benar, sejauh mana yang saya ketahui dan percayai.

**Signature of Claimant / Tandatangan Pihak Yang Menuntut**

Name / Nama : \_\_\_\_\_

IC No. / No. KP : \_\_\_\_\_

Date / Tarikh : \_\_\_\_\_

**Signature of Witness / Tandatangan Saksi**

Name / Nama : \_\_\_\_\_

IC No. / No. KP : \_\_\_\_\_

Date / Tarikh : \_\_\_\_\_

