



Claim No. : \_\_\_\_\_ Submission Branch : \_\_\_\_\_

Agent Who Submits the Claim : \_\_\_\_\_ Date Customer Informed Agent of the Claim : \_\_\_\_\_

**DEATH CLAIM APPLICATION FORM**

This form is to be completed by the person entitled to the takaful certificate monies.

**Part I – Particulars of Certificate and Certificate Holder**

1. Takaful Certificate No.:	2. Sum Covered:
3. Name of Certificate Holder:	4. New IC No./Passport No.:

**Part II – Particulars of Deceased**

1. Name:	2. New IC No./Passport No.:
3. Date first employed (dd/mm/yyyy):	4. Date last attended work (dd/mm/yyyy):
5. Last occupation prior death:	6. Name of employer:
7. Contact No. of employer:	8. Address of employer:
9. Is the deceased survived by a widow / widower? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. a) Has the deceased left behind living children? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Did the deceased leave a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No	a) No. of children 18 years and older: _____ b) No. of children below 18 years old: _____ b) Has the deceased left behind living parents? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Part III – Particulars of Death**

1. Date and Time of Death (dd/mm/yyyy): _____ am / pm	2. Place of Death:
3. Cause of Death:	
4. If the cause of death is due to or related to illness, please provide: a) Nature of illness:	5. If the cause of death is due to accident / drowning / homicide / poisoning / intoxication, please provide: a) Detailed circumstances of the incident:
b) Symptom(s) of illness:	b) Has a police report been lodged? If yes, please attach an original sighted copy. <input type="checkbox"/> Yes <input type="checkbox"/> No
c) Date symptom(s) first noted (dd/mm/yyyy):	c) Has an inquest into the death or a post mortem on the deceased's body been conducted? If yes, please attach an original sighted copy of the verdict or findings, toxicology report and post mortem report. <input type="checkbox"/> Yes <input type="checkbox"/> No
d) Duration of symptom(s):	

Part IV – Particulars of Doctors Consulted		
	First Treatment Date (dd/mm/yyyy)	Name and Address of Doctor(s)
1. First doctor consulted for this illness.		
2. All other doctors consulted for this illness.		
3. Regular doctors.		
4. All other doctors consulted in the past five (5) years.		

Part V – Particulars of Deceased's Past Medical History			
	Date of Diagnosis / Onset (dd/mm/yyyy)	Name & Address of Doctor(s) Consulted	Dates of Consultation (dd/mm/yyyy)
1. Hypertension.			
2. Diabetes Mellitus.			
3. Cardiovascular Disease.			
4. Other Illnesses / Injuries. Please specify:			
a)	a)	a)	a)
b)	b)	b)	b)

Part VI – Particulars on Other Policy / Certificate			
Name of Insurance Company / Takaful Operator	Policy No. / Certificate No.	Policy / Certificate Effective Date (dd/mm/yyyy)	Sum Assured / Covered

**Part VII- Details for Direct Credit / E-payment for Claim Payment**  
 Single owned account is preferred but in the case of jointly owned account, the payee's name has to appear as the first account holder.

In the event of the space provided is insufficient, please provide the information by attaching separate declaration forms.

	Payee 1	Payee 2	Payee 3
Name			
Designation/Occupation			
New IC No./Passport No.			
Date of Birth (dd/mm/yyyy)			
Nationality			
Contact No.			
Email Address			
Residential Address			
Mailing/Correspondence Address			
Name of Bank			
Bank Account Number			



**2. Politically Exposed Person (PEP) Declaration**

Note:

1. All names as per NRIC/Passport.

2. Politically Exposed Persons (PEP)

(a) are individuals who are or who have been entrusted with prominent public function (Head of State or Government, Senior government, judiciary or military officials, senior executives of state-owned corporations and important political Party officials).

(b) persons who are or have been entrusted with a prominent function by an international organization which refers Members of senior management. (Directors, deputy directors and members of the board or equivalent functions).

3. Family Members and Close Associates

(a) Family Members are individuals who are related to a PEP, either directly (consanguinity) or through marriage. This includes parents\*, siblings\*, spouse(s), child\* or spouse's parents\* (\*biological and non-biological relationship).

(b) Close Associates is any individual closely connected to a PEP, either socially or professionally and may include extended family members such as relatives (biological or non-biological relationship), financially dependent individuals (persons salaried by the PEP such as drivers, bodyguard, secretaries, business partners or associate, prominent members of the same organization as the PEP, individuals working closely with the PEP i.e. work colleagues, close friend).

4. Beneficial Owner

Refers to any natural person(s) who ultimately owns or controls a Person Covered and/or the natural person on whose behalf a Transaction is being conducted. It also includes those natural persons who exercise ultimate effective control over a legal person or arrangement. Reference to "ultimately owns or control" or "ultimate effective control" refers to situations in which ownership or control is exercised through a chain of ownership or by means of control other than direct control. This also refers to any natural person(s) who ultimately owns or controls a beneficiary, where specified in this document.

**Please tick (✓) the appropriate box**

1. Does any Person Covered, Certificate Holder(s) or Beneficial Owner(s) hold, or has previously held or is being considered for a prominent public position?

 Yes No

If yes, please elaborate:

Name of Person Covered, Certificate Holder(s) or Beneficial Owners(s)	Position Held	No. of Years

2. Does any of the Person Covered, Certificate Holder(s) or Beneficial Owner(s)'s immediate Family Members/Close Associates hold, or previously held or is being considered for prominent public position?

 Yes No

If yes, please elaborate:

Name of Person Covered, Certificate Holder(s) or Beneficial Owner(s)	Details of Immediate Family Members/Close Associates			
	Name	NRIC/Passport No.	Position Held	Relationship to Person Covered, Certificate Holder(s)

**Part XI – Declaration and Authorisation**

1. I, the Certificate Holder hereby make a claim from Hong Leong MSIG Takaful Berhad (“the Company”) in respect of the certificate monies payable on the condition / illness / disability of the Person Covered and / or the benefits due under Certificate No. \_\_\_\_\_ and agree that the written statements, reports and affidavits of any doctor who was consulted by the Person Covered or who attended to the Person Covered and all other documents furnished to the Company in support of this claim shall constitute and are hereby made a part of the proof of the condition / illness / disability of Person Covered.

2. I declare that the answers and statements given in the claim form submitted herewith 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 answers and statements.

3. I acknowledge and agree that the furnishing of this form or of any other form or document to me by the Company for completion, the acceptance of this form or of any other form or document by the Company from me or from any other person, and any act, enquiry or investigation by the Company in connection with or related to the condition / illness / disability of the Person Covered shall not constitute or be considered an admission of any liability by the Company or that there was any cover in force on the condition / illness / disability of the Person Covered, or that the Company has waived any of its rights or defences.

4. I, \_\_\_\_\_ New IC No./Passport No. \_\_\_\_\_ the Person Covered / Parent of Person Covered if Person Covered is below age 18 hereby authorise any employers, doctors, hospitals, clinics, takaful operators, government offices or any organizations or persons who have any records, knowledge or information, whether medical or otherwise, of \_\_\_\_\_ New IC No./Passport No. \_\_\_\_\_ to disclose to the Company such records, knowledge or information for the purpose of claim considerations.

5. I hereby consent to the deduction of any amount which may be owed by me to the Company, whether under this Certificate or any other certificate which I may have with the Company, from the amount payable to me in respect of the claim I am now making.

6. A photocopy of this Declaration and Authorisation shall be as valid as the original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Name :

New IC No./Passport No.:

Address :

\_\_\_\_\_  
Signature of Next-of-Kin\*

Name :

New IC No./Passport No.:

Address :

Relationship to the Deceased  
Person Covered / Certificate Holder:

Email Address :

Contact No. :

\_\_\_\_\_  
Signature of Witness

Name :

New IC No./Passport No.:

Address :

\_\_\_\_\_  
Signature of Claimant\*\* / Certificate Holder / Group Certificate Holder

Name :

New IC No./Passport No.:

Relationship to the Person Covered:

Designation :  
(Please affix official stamp if Certificate Holder is an entity.)

\* A person who is most closely related to the Deceased e.g. spouse, child or parent

\*\* A person who makes a claim and is either the nominee, trustee or assignee. He / She can be the Deceased’s spouse, child or parent if the Deceased did not make a nomination or assignment.

\*\* / \*\*\*Next-of-Kin and Claimant can be the same person if Claimant is the spouse, child or parent to the Deceased.

Part XII – Claim Requirements		
	Requirements	Description
1.	Death Claim Application Form	This form is to be completed by the person entitled to the certificate monies.
2.	Medical Attendant’s Report for Death Claim	This report must be completed by a registered medical practitioner at the claimant’s own expense.
3.	Death Certificate*	Original sighted copy of the death certificate must be submitted as proof of death.
4.	Original Certificate of Takaful / Deed of Assignment / Takaful Group Mortgage Certificate	Original Certificate of Takaful / Deed of Assignment / Takaful Group Mortgage Certificate must be returned to the Company. In the event that the original copy is lost, a statutory declaration for lost must be declared and signed before a Commissioner for Oaths.
5.	Other Supporting Documents to prove the eligibility of cover for Non-Employee Benefits type of Group Takaful Certificate and Other Financial Institution Group Takaful Certificate.	<p>a) For Non-Employee Benefits type of Group Takaful Certificate, proof of membership is required.</p> <p>b) For Other Financial Institution Group Takaful Certificate, please submit the requirements as follows:</p> <ul style="list-style-type: none"> <li>i. Fixed Deposit Listing or Deposit Receipt(s) for death claim on Fixed Deposit Life Scheme.</li> <li>ii. Loan/ Financing Agreement and Credit Card Statement for death claim on Credit Card Scheme or Overdraft Scheme to confirm the outstanding loan/ financing or credit amount at date of death.</li> </ul>
6.	Appointment letter* / Payslips* (Applicable only for Employee Benefits Takaful Certificate)	Original sighted copy of last two (2) months’ Payslips and Appointment Letter must be submitted.
7.	Detailed Post Mortem Report*	<p>This is required if:</p> <ul style="list-style-type: none"> <li>a) The cause of death is due to accident, drowning, intoxication, poisoning, homicide, suicide or the cause of death is unascertainable;</li> <li>b) Post mortem has been performed;</li> <li>c) The certificate has been in force within two (2) years from certificate issue date or revival date (whichever is later) to date of death; or</li> <li>d) The claim is also filed for Accidental Death Benefit.</li> </ul> <p>The report must be an original sighted copy if photocopy is submitted.</p>
8.	Police Report*	<p>This is required if:</p> <ul style="list-style-type: none"> <li>a) The cause of death is due to accident, drowning, intoxication, poisoning, homicide or suicide;</li> <li>b) Report has been lodged by the deceased’s family or any person to the police; or</li> <li>c) The claim is also filed for Accidental Death Benefit.</li> </ul> <p>The report must be an original sighted copy if photocopy is submitted.</p>
9.	Newspaper Cuttings	<p>This is required if:</p> <ul style="list-style-type: none"> <li>a) The cause of death is due to accident, drowning, intoxication, homicide or suicide; or</li> <li>b) The incident is reported in the newspaper.</li> </ul>
10.	Birth Certificate / Identity Card (for non-foreigner) / Passport (for foreigner) / Patient Card	<ul style="list-style-type: none"> <li>a) Original sighted copy of the deceased’s birth certificate* / Identity Card (for non-foreigner)* / passport (for foreigner)* is required to prove deceased’s age if the age has not been admitted at time of takaful application.</li> <li>b) A photocopy of deceased’s patient card is required to facilitate extraction of medical reports by hospitals / clinics.</li> <li>c) Original sighted copy of payee’s Identity Card (for non-foreigner)* / passport (for foreigner)* for claim payment via Direct Credit / E-payment.</li> <li>d) Original sighted copy of Certificate Owner/ Beneficial Owner’s Identity Card (for non-foreigner)* / passport (for foreigner)*.</li> </ul>
11.	Proof of Relationship of the Claimant / Next-of-Kin / Certificate Owner to the Deceased	Original sighted copy of the birth certificate* or marriage certificate* to prove the relationship to the deceased.
<p><b>Note:</b>  *Certification of documents as “Original Sighted” should only be done by either Solicitor and/or Hong Leong MSIG Takaful Branch Executive. Our company reserves the right to call for the original documents if the case warrants the sighting of the original documents during the course of the claim processing.</p>		