



Claim No. : _____ Submission Branch : _____
Agent Who Submits the Claim : _____ Date Customer Informed Agent of the Claim : _____

LIVING CLAIM APPLICATION FORM

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

Part I – Particulars of Certificate

1. Certificate No.:	2. Sum Covered:
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Part II – Particulars of Person Covered (Event Person)

1. Name:	2. New IC No./Passport No.:
3. Date first employed (dd/mm/yyyy):	4. Date last attended work (dd/mm/yyyy):
5. Exact duties performed:	
6. Contact No.:	7. Email Address:
8. Name of Employer:	9. Contact No. of Employer:
10. Address of Employer:	

Part III – Particulars of Education and Income (Applicable only for Total and Permanent Disability Claim)

1. Please state highest level of formal education completed:	
2. Was there any income received after being disabled? If yes, please state the source of income:	
3. Please state the average monthly income:	4. Please state the date when the income is expected to cease (dd/mm/yyyy):

Part IV – Particulars of The Illness / Disability

1. Nature of illness / disability:	2. Date of diagnosis (dd/mm/yyyy):
3. Symptom(s) of illness / disability:	4. Date symptom(s) first noted (dd/mm/yyyy):
5. Date of becoming disabled (dd/mm/yyyy):	
6. If disability was caused by an accident, please give: a) Date and time of the accident (dd/mm/yyyy): _____ am/pm	b) Detailed circumstances of the accident:

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

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

Part VIII- 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 that you had provided the bank details to Claims Department earlier but you wish to deposit the claim monies into another bank account, please fill up the Details for Direct Credit / E-payment under Part VIII. Otherwise, payment will be made to the latest bank account submitted to Claims Department.

1. Name of Payee:	2. Designation/Occupation of Payee:
3. New IC No./Passport No. of Payee:	4. Date of Birth of Payee (dd/mm/yyyy):
5. Payee's Nationality:	6. Payee's Contact No: Email Address:
7. Payee's Residential Address:	8. Payee's Mailing/Correspondence Address:
9. Name of Payee's Bank:	10. Payee's Bank Account Number:

Part IX – Particulars of Person Covered / Employee (Applicable only for Non-Employee Benefits type of Group Term Takaful and Employee Benefits)

1. Person Covered / Employee Name:	2. New IC No./Passport No.:
3. Date first eligible for cover (dd/mm/yyyy):	4. Position held: Job Grade:

5. Dates of all medical leaves taken in the past one year prior to the illness / disability.

Date (dd/mm/yyyy)	Duration	Type of Sickness / Extent of Injuries Sustained

6. Was the Person Covered / Employee on prolonged illness leave prior to or due to the illness / disability?

Yes If yes, please provide the particulars and supporting documents:
 No

Prolonged Illness Leave	Date (dd/mm/yyyy)		Type of Sickness / Extent of Injuries Sustained
	From	Till	
Full-pay leave			
Half-pay leave			
No-pay leave			

7. Was the Person Covered / Employee medically boarded out?

Yes Date (dd/mm/yyyy):
If yes, please provide the supporting documents.
 No

Part X – Particulars of Coverage Effective Date, Loan/Financing Credit Amount and Others (Applicable only for Claim on Mortgage Decreasing Term Takaful, Takaful Group Financial Institution)

1. Date first eligible for cover (dd/mm/yyyy):	2. Amount of loan/financing approved (If applicable):
3. Exact outstanding or balance amount as at date of illness / disability (loan, financing, fixed deposit, unit trust etc.):	
4. Exact outstanding or balance amount as to date (loan, financing, fixed deposit, unit trust etc.):	

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 XII – Declaration and Authorisation

1. 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 Parent of Person Covered if Person Covered is below age 18

Name :

New IC No./Passport No.:

Address :

Email Address :

Contact No :

Signature of Witness

Name :

New IC No./Passport No.:

Address :

Signature of Person Covered if Person Covered is above age 18 and is not the same person as the Certificate Holder

Name :

New IC No./Passport No.:

Contact No. :

Signature of Witness

Name :

New IC No./Passport No.:

Address :

Signature of 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.)

	Requirements	Dread Disease Claim	Old Age Disablement Claim / Total Permanent Disability Claim	Congenital Anomalies Claim	Pregnancy Care or Pregnancy Complication Claim
1.	Living Claim Application Form a) This form is to be completed by the person entitled to the takaful certificate monies.	✓	✓	✓	✓
2.	Medical Attendant's Report This report must be completed by a registered qualified physician at the claimant's own expense.	✓	✓	✓	✓
3.	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.	✓	✓	✓	✓
4.	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. a) For Non-Employee Benefits type of Group Takaful Certificate, proof of membership is required. b) For Other Financial Institution Group Takaful Certificate, please submit the requirements as follows: i. Fixed Deposit Listing or Deposit Receipt(s) on Fixed Deposit Life Scheme. ii. Loan/Financing Agreement and Credit Card Statement on Credit Card Scheme or Overdraft Scheme to confirm the outstanding loan/financing or credit amount at date of disability.	✓	✓		
5.	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.	✓	✓		
6.	Police Report* Original sighted copy of the police report is required if the cause of disability was due to accident and if a report has been lodged to the police.	✓	✓		
7.	Laboratory / Test Report(s)* Original sighted copies of any laboratory / test reports must be submitted if investigation has been carried out to confirm the diagnosis.	✓	✓	✓	✓
8.	Birth Certificate / Identity Card (for non-foreigner) / Passport (for foreigner) Original sighted copy of the Person Covered (event person)'s birth certificate* / identity card (for non-foreigner)* / passport (for foreigner)* is required to prove the identity of Person Covered (event person).	✓	✓	✓	✓
9.	Patient Card A photocopy of Person Covered (event person)'s patient card is required to facilitate extraction of medical reports by hospitals / clinics.	✓	✓	✓	✓
10.	Original sighted copy of payee's identity card (for non-foreigner)* / passport (for foreigner)*.	✓	✓	✓	✓
11.	Original sighted copy of Certificate Holder/ Beneficial Owner's identity card (for non-foreigner)* / passport (for foreigner)*.	✓	✓	✓	✓

Note:

*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.