



Policy and Insured Member's Details			
Policy No.			
Name of Life Assured / Insured Member			
NRIC No./ Birth Certificate/ Passport No.			
Details of Claims			
Types of Claims		<ul> <li>□ Death</li> <li>□ Total and Permanent Disability</li> <li>□ Critical Illness</li> <li>□ Waiver of Premium / Income Benefits</li> </ul>	Hospitalisation and / or Surgical Medical Personal Accident Female Benefits / Illness
Date of Event / Date of Death			
Cause of Event / Cause of Death			
Information of Person who Notify Claims			
Name / Authorised Personnel			
Name of Bank / Employer / Group			
Relationship with Life Assured / Insured Member			
Correspondences Address			
Contact No.		HP No. :	
Email Address			
I, hereby declare that the information above is wholly and completely true.    Signature of Person Whom Notified   Date:			
Office Use Only			
Notification via	Walk In Claimant Tele-Conversation Mails Delivery  Walk In Agent / Broker / Emails Other:  Other Authorised Personnel		
Forms Issued	Yes No Remarks:		
Authorised staff	Staff's Name :  Date :  Branch stamp :		