



Submission ID No.: EBP_20201118_TGTW000573_14

e-GROUP MAJOR CLAIM SUBMISSION

GROUP MAJOR & HOSPITAL BENEFITS CLAIMS

CONTRACT/POLICY NUMBER	TGTW000573
CONTRACTHOLDER NAME	fsfsdf
SUBSIDIARY NAME	fsfsdf
NAME OF LIFE ASSURED	tetertert
NRIC / ID OF LIFE ASSURED	534535345345
NAME OF PERSON SUBMITTING CLAIM	User1
CONTACT NUMBER (OFFICE/ MOBILE)	TGTW000573
EMAIL ADDRESS	aisun.l@etiqa.com.my
BANK DETAILS OF CLAIMANT	<div><div>NAME OF BANK : ARAB MALAYSIAN ISLAMIC BANK BERHAD</div><div>ACCOUNT NUMBER : 4242423</div><div>COMPANY REGISTRATION NUMBER : ettrt424234</div><div>(NOT APPLICABLE FOR INDIVIDUAL CLAIMANT)</div></div>
CLAIM TYPE	Death (Non-Accidental)
EVENT DATE	29 November 2019
CAUSE OF DEATH / DIAGNOSIS	Other
UPLOADED DOCUMENTS	ZPDF_LEAVE_DTL.pdf

E-DECLARATION

I do solemnly and sincerely declare that I am the nominee/administrator/beneficiary for the Takaful benefit of the deceased and further declare as follows:-

1. That the foregoing answers and statements on the Deceased are complete and true to the best of my knowledge and belief, and that I have withheld no material facts from the Company.
2. That any difference, if any, in respect of the details contained in the enclosed supporting document and the information presented to Etiqa Family Takaful Berhad (Etiqa Takaful) in this form refers to the same person. I understand and agree that Etiqa Takaful has the sole discretion to reject this application if the information given is false or insufficient.
3. That the original certificate whether or not enclosed therein (if any), due to loss or mutilated, belongs to the deceased.
4. And I hereby authorize any medical practitioner, surgeon person, hospital, clinic and any other institution or organization to furnish Etiqa Famiy Takaful Berhad or its representative any information that may be required concerning my health conditions, for settlement of this claim. I agree that Etiqa Family Takaful Berhad or its representative may use or disclose any of the information collected or held to third parties such as reinsurers, medical examiner or medical consultant, claims investigator and etc. within or outside Malaysia for the purpose of processing the claim. I agree that a photocopy of this authorization shall be considered as effective and valid as original.
5. I, agree, consent and allow Etiqa Family Takaful Berhad (hereinafter called "Etiqa Takaful") to process my personal data (including sensitive personal data) ('Personal Data') with the intention of processing this Claim Form, in compliance with the provisions of the Personal Data Protection Act 2010.
6. I, understand and agree that any Personal Data collected or held by Etiqa Takaful contained in this Claim Form may be held, used, processed and disclosed by Etiqa Takaful to individuals and/or organizations related to and associated with Etiqa Takaful or any selected third party (within or outside Malaysia, including medical institutions, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this Claim Form and providing subsequent service related to it and to communicate with me for such purposes.
7. I agree that a copy of documents submitted shall be as valid as the original. I confirm that the information given on this online submission form is to the best of my knowledge and belief, true in every aspect. I understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution.

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E-Signature of claimant

Name: User1

Date: 18 November 2020

Name : Arif Faeetz Bin Rulsee
Personnel Number : 00138873
Org. Unit : EtiqaPartPor
Employee Group : Permanent
Application Date : 08.07.2020

Leave Type : 1/2 Day Annual Leave
Start Date : 10.07.2020 PM
End Date : 10.07.2020 PM
Number of days : 0.50

Reason : Accompanying mother to Kedah for the weekend
Supporting Doc. :
Comment :
Approver : Peter Nyam Wing Keong
Approver PF : 00096287