

e-GROUP MAJOR CLAIM SUBMISSION

GROUP MAJOR & HOSPITAL BENEFITS CLAIMS

CONTRACT/POLICY NUMBER	TGTW001438
CONTRACTHOLDER NAME	gdgdgf
SUBSIDIARY NAME	gdgdgf
NAME OF LIFE ASSURED	LifeAssuredName
NRIC / ID OF LIFE ASSURED	123456789012
NAME OF PERSON SUBMITTING CLAIM	User1
CONTACT NUMBER (OFFICE/ MOBILE)	TGTW001438
EMAIL ADDRESS	aisun.l@etiqa.com.my
BANK DETAILS OF CLAIMANT	NAME OF BANK : BANK ISLAM MALAYSIA BERHAD
	ACCOUNT NUMBER : 424234
	COMPANY REGISTRATION NUMBER : BANK ISLAM MALAYSIA BERHAD
	(NOT APPLICABLE FOR INDIVIDUAL CLAIMANT)
CLAIM TYPE	Death (Non-Accidental)
EVENT DATE	30 November 2019
CAUSE OF DEATH / DIAGNOSIS	Other
UPLOADED DOCUMENTS	636620764.pdf 648634195.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:-

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.

it 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.

That the original certificate whether or not enclosed therein (if any), due to loss or mutilated, belongs to the deceased.

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.

gree, 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.

nderstand 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.

gree 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.

E-Signature of claimant

Name: Auto Populate from Section B: Details of Claimant -Name

Date: Auto date of submission

Transfer Money Receipt

Thank You,
Here's your receipt

CIMB *Clicks*

✓ **Successful**

Ref 636620764

03 Aug 2020, 05:46:53 pm

To

Account Number
162227349208

Nickname
Faeetz Maybank

Bank Name
MAYBANK

Payment Type
Fund Transfer

Recipient Name
ARIF FAEETZ BIN RUSL

Transfer Type
To Other Banks

Transfer Method
Instant Transfer

From

Account
CURRENT ACCOUNT 8001066992

When

Date
Today

Repeat
No

Amount

MYR 80.00

Bank charges ^{MYR} 0.00

Transaction Instruction

Recipient Reference
mkn lisa

Total

MYR 80.00

Note: This receipt is computer generated and no signature is required.

DuitNow Receipt

Thank You,
Here's your receipt

CIMB *Clicks*



Successful

Ref 648634195

12 Aug 2020, 03:33:22 pm

To

DuitNow ID
+60163747970

Transfer Type
DuitNow

Recipient Name
ARIF FAEETZ BIN RUSLEE

DuitNow Id Type
Mobile Number

From

Account
BASIC SA WITH FEE 7016078731

When

Date
Today

Amount

MYR 365.⁶⁸

Bank charges 0.⁰⁰

Transaction Instruction

Recipient Reference
DuitNow Transfer

Other Payment Details
Regund

Total

MYR **365.⁶⁸**

Note: This receipt is computer generated and no signature is required.