e-GROUP MAJOR CLAIM SUBMISSION

GROUP MAJOR & HOSPITAL BENEFITS CLAIMS

CONTRACT/POLICY NUMBER	TGTW001438
CONTRACTHOLDER NAME	gfgdgdf
SUBSIDIARY NAME	gfgdgdf
NAME OF LIFE ASSURED	LifeAssuredName
NRIC / ID OF LIFE ASSURED	234535235
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 : MBSB BANK BERHAD** **ACCOUNT NUMBER : 353344** **COMPANY REGISTRATION NUMBER : MBSB BANK BERHAD** **(NOT APPLICABLE FOR INDIVIDUAL CLAIMANT)**
CLAIM TYPE	Death (Non-Accidental)
EVENT DATE	29 November 2019
CAUSE OF DEATH / DIAGNOSIS	Other
UPLOADED DOCUMENTS	LEAVE.pdf Document_FlowChart.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.

ıt 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.

ɔ 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.

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

Date: Auto date of submission

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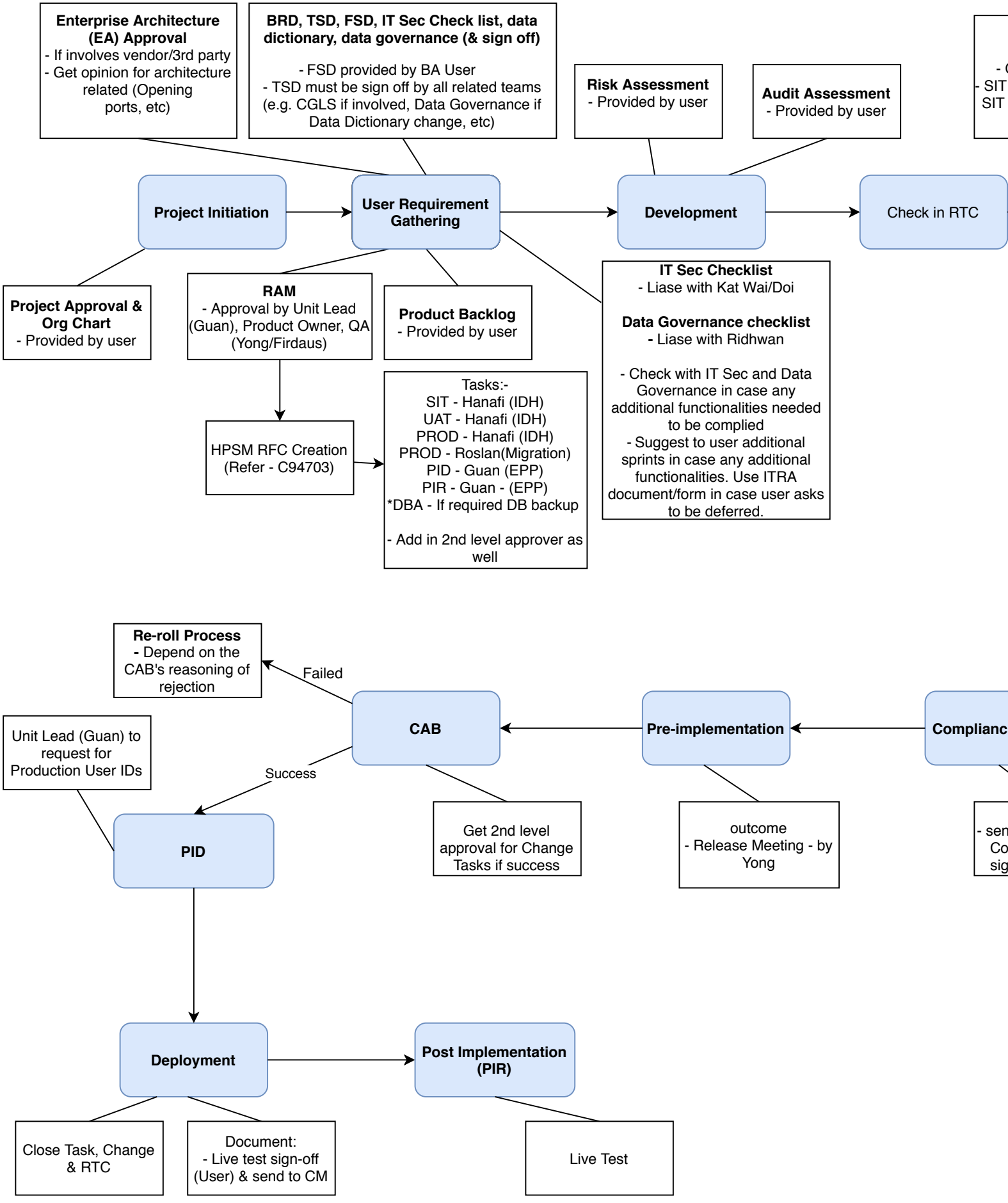
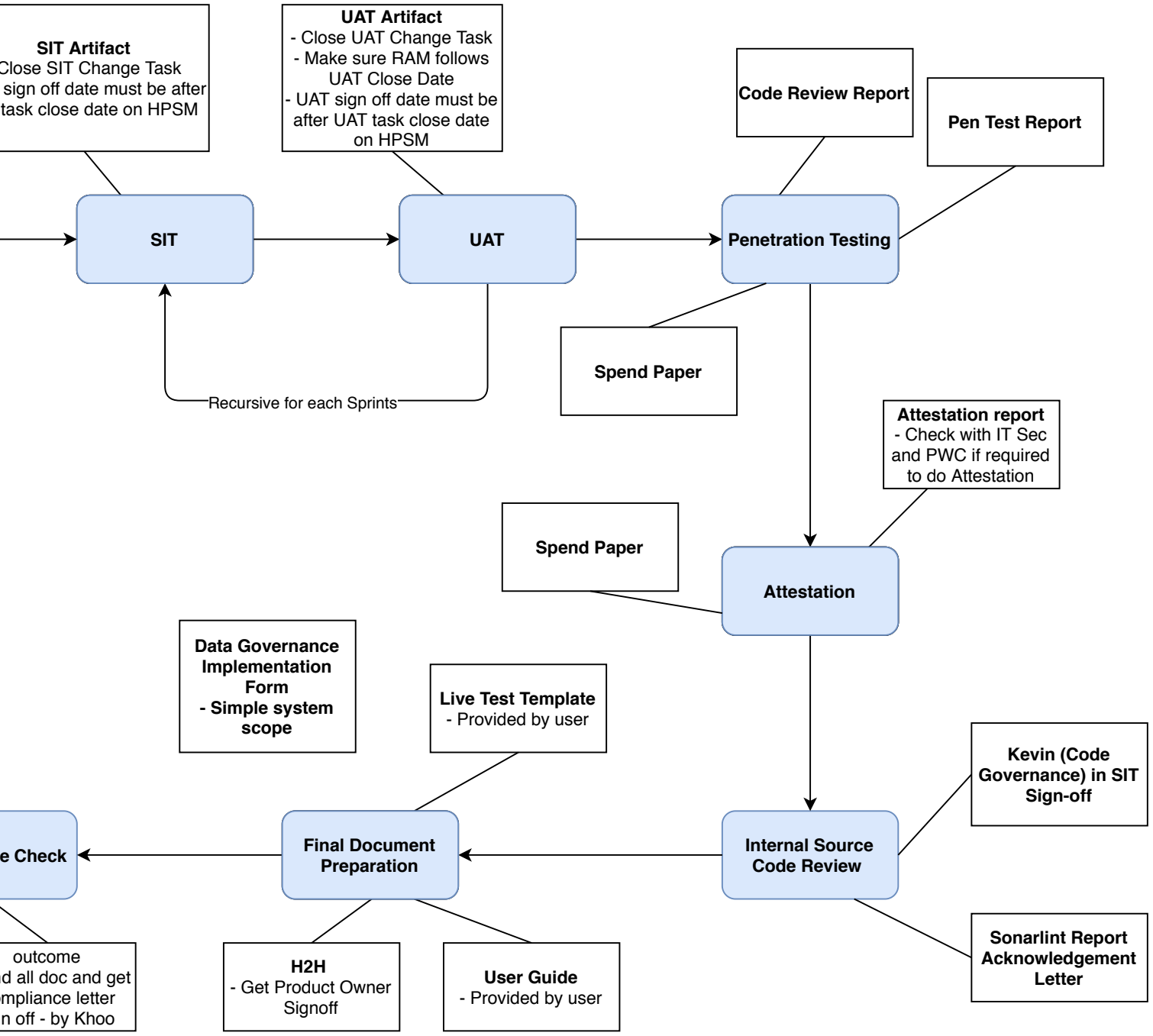
Name	**: Arif Faeetz Bin Rulsee**
Personnel Number	**: 00138873**
Org. Unit	**: EtiqaPartPor**
Employee Group	**: Permanent**
Application date	**: 03.08.2020**
Current Leave Balance	**: 17.5**
Leave Type	**: Annual Leave**
Start date	**: 10.08.2020 AM**
End date	**: 11.08.2020 PM**
Number of days	**: 2.00**
Reason	**: Going back to Kuantan, Pahang. Have some family matter to attend to.**
Supporting Doc.	**:**
Comment	**:**
Approver	**: Peter Nyam Wing Keong**
Approver PF	**: 00096287**



Notes:

- Before SIT start check in code into RTC
- Create HPSM after get RAM (ask yong to update RAM)
- RAM Score must same for all teams
- Preferable digital signoff to prevent audit findings
- Before CAB, check and double confirm with Change Management (Ruhaimi)
- Create 6 task on HPSM (SIT,UAT,PROD,PID,PIR,DBA)


SIT Artifact
Close SIT Change Task
sign off date must be after
task close date on HPSM
UAT Artifact
- Close UAT Change Task
- Make sure RAM follows UAT Close Date
- UAT sign off date must be after UAT task close date on HPSM
Code Review Report
Pen Test Report
SIT
UAT
Penetration Testing
Recursive for each Sprints
Spend Paper
Attestation report
- Check with IT Sec and PWC if required to do Attestation
Spend Paper
Attestation
Data Governance Implementation Form
- Simple system scope
Live Test Template
- Provided by user
Kevin (Code Governance) in SIT Sign-off
e Check
Final Document Preparation
Internal Source Code Review
outcome
d all doc and get
mpliance letter
n off - by Khoo
H2H
- Get Product Owner Signoff
User Guide
- Provided by user
Sonarlint Report Acknowledgement Letter