



im 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 monie	s.		
Part I – Particulars of Certificate			
1. Certificate No.:	2. Sum Covered:		
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 Pern	nanent 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	<u>L</u>		
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:		
Hong Leong MSIG Takaful Berhad 200601018337 (738090-M)			

Page 1 / 7 CF06523001

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Part V – Particulars of Doctors Consulte	d				
		First Treatment D (dd/mm/yyyy)		Name and Add	ress of Doctor(s)
1. First doctor consulted for this illness ,	/ disability.				
2. All other doctors consulted for this ill	ness / disability.				
3. Regular doctors / gynaecologist / obs	stetrician.				
4. All other doctors consulted in the pas					
Part VI – Particulars of Past Medical His	Date of Di	agnosis/ Onset	Nam	e & Address of Doctor(s) Consulted	Dates of Consultation
1. Hypertension.	(dd/i	mm/yyyy)		e d'indiress on bocco(s) consume	(dd/mm/yyyy)
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 / C	 ertificate				
Name of Insurance Company / Takaful Operator		/ Certificate No.	Pol	cy / Certificate Effective Date (dd/mm/yyyy)	Sum Assured / Covered

Page 2 / 7 CF06523001

provided the bank details to	ferred but in the ca Claims Department (se of jointly owned a earlier but you wish t	o deposit th	payee's name has to appear as the first account holder. In the event that you had e claim monies into another bank account, please fill up the Details for Direct Credit / ount submitted to Claims Department.
1. Name of Payee:	,, ,			2. Designation/Occupation of Payee:
3. New IC No./Passport No. o	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 Addre	SS:			8. Payee's Mailing/Correspondence Address:
9. Name of Payee's Bank:				10.Payee's Bank Account Number:
Part IX – Particulars of Perso	n Covered / Employ	ree (Applicable only	for Non-Emp	ployee Benefits type of Group Term Takaful and Employee Benefits)
1. Person Covered / Employe	ee Name:			2. New IC No./Passport No.:
3. Date first eligible for cove	r (dd/mm/yyyy):			4. Position held: Job Grade:
5. Dates of all medical leave	s taken in the past o	ne year prior to the ill	lness / disab	ility.
Date (dd/mm/yyyy)	Dura	tion		Type of Sickness / Extent of Injuries Sustained
6. Was the Person Covered / Yes If y		ged illness leave prior		
Prolonged Illness Leave	Date (dd/ From	mm/yyyy) Till		Type of Sickness / Extent of Injuries Sustained
	110111			
Full-pay leave				
Half-pay leave				
No-pay leave				
	ate (dd/mm/yyyy):			
II No	yes, please provide	the supporting docur	nents.	
Part X – Particulars of Cover Group Financial Institution)	age Effective Date,	Loan/Financing Credi	it Amount a	nd Others (Applicable only for Claim on Mortgage Decreasing Term Takaful, Takaful
1. Date first eligible for cove	er (dd/mm/yyyy):			2. Amount of loan/financing approved (If applicable):
3. Exact outstanding or balar	nce amount as at dat	e of illness / disability	y (loan, finar	ncing, fixed deposit, unit trust etc.):
4. Exact outstanding or balar	nce amount as to dat	e (loan, financing, fix	ed deposit, ι	unit trust etc.):

Page 3 / 7 CF06523001

Part XI- Particulars of Certificate 1. Details of Certificate Holde	Part XI- Particulars of Certificate Holder / Beneficial Owner								
Name of Certificate Holder:									
	2. Details of Beneficial Owner (For Certificate Owned By Entity)								
a) Entity Name:	, , , , , , , , , , , , , , , , , , , ,								
b) Entity Registration No.:									
In the event of the space provided is insufficient, please provide the information by attaching separate declaration forms.									
	Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3						
Name									
Designation/Occupation									
New IC No./Passport No.									
Date of Birth									
(dd/mm/yyyy)									
Nationality									
Contact No.									
Residential Address									
Mailing/Correspondence									
Address									
3. Politically Exposed Person	(DED) Dodaration								
Note: 1. All names as per NRIC/Passport. 2. Politically Exposed Persons (PEP) (a) are individuals who are or who have been entrusted with prominent public function (Head of State or Government, Senior government, judiciary or military officials, senior executives of state-owned corporations and important political Party officials). (b) persons who are or have been entrusted with a prominent function by an international organization which refers Members of senior management. (Directors, deputy directors and members of the board or equivalent functions. 3. Family Members and Close Associates (a)Family Members are individuals who are related to a PEP, either directly (consanguinity) or through marriage. This includes parents*, siblings*, spouse(s), child* or spouse's parents* (*biological and non-biological relationship). (b) Close Associates is any individual closely connected to a PEP, either socially or professionally and may include extended family members such as relatives (biological or non-biological relationship), financially dependent individuals (persons salaried by the PEP such as drivers, bodyguard, secretaries, business partners or associate, prominent members of the same organization as the PEP, individuals working closely with the PEP i.e. work colleagues, close friend). 4. Beneficial Owner Refers to any natural person(s) who ultimately owns or controls a Person Covered and/or the natural person on whose behalf a Transaction is being conducted. It also includes those natural persons who exercise ultimate effective control over a legal person or arrangement. Reference to "ultimately owns or control" or "ultimate effective control" refers to situations in which ownership or control is exercised through a chain of ownership or by means of control other than direct control. This also refers to any natural person(s) who ultimately owns or controls a beneficiary, where specified in this document. 4. Please tick (v) the appropriate box 1. Does any Person Covered, Certificate Holder(s) or Benefic									
☐ Yes If yes, please elaborate:	□ No								
Name of Person Covered	, Certificate Holder(s) or Beneficial Owners(s)	Position Held	No. of Years						
	.,								

Page 4 / 7 CF06523001

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,		Details of Immediate Fami	ly Members/Close Associate	S		
Certificate Holder(s) or Beneficial Owner(s)	Name	NRIC/Passport No.	Position Held	Relationship to Person Covered, Certificate Holder(s)		

Page 5 / 7 CF06523001

Part XII – Declaration and Authorisation	
	rhad ("the Company") in respect of the certificate monies payable on the condition /
llness / disability of the Person Covered and / or the benefits due under Certificat	te No and agree that the
written statements, reports and affidavits of any doctor who was consulted by t	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.
	nitted herewith are true and complete to the best of my knowledge and belief and that
have not withheld any material fact in my giving of the answers and statements	
or of any other form or document by the Company from me or from any other	er form or document to me by the Company for completion, the acceptance of this form person, and any act, enquiry or investigation by the Company in connection with or titute or be considered an admission of any liability by the Company or that there was 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 ac	ge 18 hereby authorise any employers, doctors, hospitals, clinics, takaful operators,
government offices or any organizations or persons who have any	y records, knowledge or information, whether medical or otherwise, of
	to disclose to the Company such records, knowledge or
nformation for the purpose of claim considerations.	
I hereby consent to the deduction of any amount which may be owed may have with the Company, from the amount payable to me in respect of the class. A photocopy of this Declaration and Authorisation shall be as valid as the	
Dated this day of	
Signature of Witness	Signature of Parent of Person Covered if Person Covered is below age 18
Nama	News
Name :	Name :
New IC No./Passport No.:	New IC No./Passport No.:
Address :	Address :
	Email Address :
	Contact No :
	Contact No .
Signature of Witness	Signature of Person Covered if Person Covered is above age 18 and is not the same person as the Certificate Holder
Name :	Name :
New IC No./Passport No.:	New IC No./Passport No.:
Address :	Contact No. :
Signature of Witness	Signature of Certificate Holder / Group Certificate Holder
Name :	Name :
New IC No./Passport No.:	New IC No./Passport No.:
Address :	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.	√	✓	\checkmark	√
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.	1	✓	✓	/
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:	1	✓		
	 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).	1	✓	✓	✓
9.	Patient Card				
	A photocopy of Person Covered (event person)'s patient card is required to facilitate extraction of medical reports by hospitals / clinics.	1	✓	✓	✓
10.	Original sighted copy of payee's identity card (for non-foreigner)* / passport (for foreigner)*.	1	✓	✓	1
11.	Original sighted copy of Certificate Holder/ Beneficial Owner's identity card (for non-foreigner)* / passport (for foreigner)*.	1	✓	√	1

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.

Page 7 / 7 CF06523001