

CUEPACS TAKAFUL LIVING CARE

RL MAJUSINAR PLUS SDN BHD (1265909-V)



Pejabat:

Bangunan PSM, Level 3, No. 17B, Jalan Bangsar, 59200 Kuala Lumpur.

Tel: 03-22836361 / 22836364 Fax: 03-22836272

H/P : 017-6340518 Email : ctlcplus@yahoo.com

KEPADA

TUAN/PUAN,

TUNTUTAN FAEDAH ELAUN HOSPITAL
SKIM INSURANS BERKELOMPOK CUEPACS

Dimaklumkan bahawa untuk tuntutan faedah elaun hospital pihak kami memerlukan dokumen berikut untuk proses selanjutnya :-

1. Borang Tuntutan Takaful - Borang Tuntutan Rawatan Hospital (Borang GETB)
2. Salinan Sijil Kemasukkan dan Discaj dari hospital/klinik yang diakui sah
3. Salinan Kad Pengenalan/ Sijil Kelahiran yang diakui sah(Pencadang,Orang yang dilindungi & Orang yang menuntut)
4. Bukti Documen bagi hubungan keluarga antara Pencadang , Orang yang Dilindungi dan Orang yang menuntut (ch: Sijil Kelahiran/Sijil Perkhawinan

**** PERHATIAN: SEMUA DOKUMEN HENDAKLAH DIAKUI SAH DARIPADA DOKTOR @ KETUA UNION**

****PERMOHONAN HENDAKLAH DIPOSKAN MENGIKUT ALAMAT KAMI DI BANGSAR DAN PERMOHONAN INI TIDAK BOLEH DIFAKSKAN KEPADA KAMI.**

****PIHAK GETB AKAN MEMINTA DOKUMENTASI TAMBAHAN SEKIRANYA MEMERLUKAN MAKLUMAT LAIN.**

SEKIAN, TERIMA KASIH.

HOSPITALISATION & SURGICAL CLAIM - CLAIMANT'S STATEMENT

BORANG TUNTUTAN RAWATAN HOSPITAL & PEMBEDAHAN

KENYATAAN PIHAK YANG MENUNTUT



Certificate No. No. Sijil		New NRIC No. No. KP Baru	
Certificate No. No. Sijil		Old NRIC/BC/Passport No. No. KP Lama/ Sijil Kelahiran / Pasport	
Certificate No. No. Sijil		Name of the Person Covered Nama Orang yang Dilindungi	
		Contact No. No. Telefon:	
☐ Medical claim/ H&S Tuntutan Perubatan/ H&S		☐ Hospitalisation Benefit (HB) benefit Manfaat Hospital	

1. Person Covered's Details Butir Orang yang Dilindungi	
a. Occupation Pekerjaan:	a.
b. Current correspondence address: Alamat surat menyurat:	b.
2. If treatment was due to accident, please furnish details of accident. Jika rawatan akibat kemalangan, sila kemukakan butiran berikut.	
1. Date & Time of accident: Tarikh & Masa kemalangan:	1. / / (dd/mm/yyyy) a.m. / p.m. (hh/bb/tttt) pagi / petang
2. Exact location of accident: Lokasi sebenar kemalangan:	2. ☐ House Rumah ☐ Workplace Tempat Kerja ☐ Road/ Others, please specify & state the address: Jalan raya/ Lain-lain, sila tentukan & nyatakan alamat
3. How did the accident happen?: Bagaimana kemalangan tersebut berlaku?:	3. ☐ Fall Jatuh ☐ Industrial Accident Kemalangan Industri ☐ Road Traffic Accident Kemalangan Jalan Raya ☐ Others, please specify: Lain-lain. Sila nyatakan:
4. If due to Road Traffic Accident: Jika akibat Kemalangan Jalan Raya:	4. i) Vehicle involved: Kenderaan terlibat: ☐ Car Kereta ☐ Motorcycle Motosikal ☐ Others, please specify: Lain-lain, sila nyatakan: ii) Are the Person Covered: Adakah Orang yang Dilindungi: ☐ Driver/ Rider (Pemandu/ Penunggang) ☐ Passenger/ Pillion rider (Penumpang/ Pembonceng) ☐ Others, please specify: Lain-lain, sila nyatakan: iii) If Person Covered is driver/ rider, please state:- Jika Orang yang Dilindungi adalah pemandu/ penunggang, sila nyatakan:- License's Type/ License's Class Jenis Lesen/ Kelas Lesen Validity License (Tempoh Lesen) Starts date: Tarikh mula: / / (dd/mm/yyyy) (hh/bb/tttt) End date: Tarikh tamat: / / (dd/mm/yyyy) (hh/bb/tttt) * Please enclose CTC License * Sila lampirkan salinan lesen yang disahkan
5. What are the injuries sustained?: Apakah kecederaan yang dialami?:	5.

CLM-HSCSF-V09-082025-TAKAFUL

Great Eastern Takaful Berhad 201001032332 (916257-H)

Head Office: Menara Great Eastern 303 Jalan Ampang 50450 Kuala Lumpur

Customer Service Careline: 1 300 13 8338 Fax: +603 4259 8808

E-mail: i-greatcare@greastertakaful.com Website: www.greastertakaful.com

3.	If hospitalisation was due to illness, please furnish details. <i>Jika kemasukan ke hospital akibat penyakit, sila kemukakan butiran berikut.</i>			
	a. Nature of illness/ symptom <i>Jenis penyakit/ simptom:</i>			
	b. How long had the Person Covered been having the symptom prior to this admission? <i>Berapa lamakah Orang yang Dilindungi telah menghidap simptom yang dikemukakan sebelum dimasukkan ke hospital?:</i>			
	c. What was the diagnosis? <i>Apakah diagnosis ketika itu?:</i>			
4.	Name and address of all doctors who treated the Person Covered for this condition. <i>Nama dan alamat semua doktor yang merawat Orang yang Dilindungi untuk keadaan ini.</i>			
	Date of Consultation <i>Tarikh Rawatan</i>	Date of Admission and Date of Discharge (if any) <i>Tarikh Kemasukan dan Tarikh Discaj (jika ada)</i>	Name of Doctor(s) <i>Nama Doktor</i>	Address <i>Alamat</i>
5.	Name(s) of all medical practitioner(s) and clinic(s)/ hospital(s) which the Person Covered has, sought or received medical treatment, advice, consultation and/ or medical check-up within the previous five (5) years. <i>Nama semua doktor dan klinik/ hospital dimana Orang yang Dilindungi pernah dapatkan atau terima sebarang rawatan, nasihat, rundingan dan/ atau pemeriksaan perubatan dalam lima (5) tahun lepas.</i>			
	Date of Consultation/ Treatment etc. <i>Tarikh rundingan/ rawatan dll.</i>	Name of Doctor(s) <i>Nama Doktor</i>	Name, Address and Telephone No. of Clinic/ Hospital <i>Nama, Alamat dan No Telefon Klinik/ Hospital</i>	
6.	Is the Person Covered presently insured for Hospitalisation & Surgical benefits under any government law/ programme, employee benefit, any health benefit scheme or any other insurance policies? If yes, please furnish details. <i>Adakah Orang yang Dilindungi ketika ini di bawah perlindungan insurans faedah Hospital & Pembedahan, di bawah sebarang program/ undang-undang kerajaan, kemudahan pekerja, sebarang skim faedah kesihatan atau sebarang polisi insurans lain? Jika ada, sila kemukakan butiran berikut.</i>			
	(a) Name of Company/ Programme/ Scheme <i>Nama Syarikat/ Program/ Skim</i>		(b) Certificate/ Membership No. <i>No. Sijil/ Keahlian</i>	

Important
Penting

- *Payee refers to any person/ company who is the person entitled to the Certificate monies, e.g. Certificate Owner, Person Covered, beneficiary, assignee, trustee, Public Trustee/ Amanah Raya Berhad, executor/ executrix, administrator/ administratrix.

*Penerima Pembayaran merujuk kepada mana-mana orang/ syarikat yang merupakan orang yang berhak kepada wang Sijil, cth. Pemilik Sijil, Orang yang Dilindungi, benefisiari, pemegang serah hak, pemegang amanah, Pemegang Amanah Awam/ Amanah Raya Berhad, wasi, pentadbir.

NAMA BANK

[illegible]

NAMA LENGKAP PEMEGANG AKAUN BANK/
PENERIMA PEMBAYARAN

[illegible]

NO. AKAUN BANK

[illegible]

NO. KP (SEPERTI DALAM AKAUN BANK)

[illegible]

Pengisytiharan & Kebenaran

Saya/ Kami dengan ini:

- Page 3 of 7
- 1815255681**

DECLARATION & AUTHORISATION, AUTHORISATION FOR CLAIM MATTERS AND AMENDMENT OF ADDRESS, DATA PROTECTION NOTICE AND DECLARATION & AUTHORISATION FOR ONLINE SUBMISSION FORM
PENGISYTIHARAN & KEBENARAN, KEBENARAN UNTUK PERKARA-PERKARA TUNTUTAN DAN PINDAAN MAKLUMAT ALAMAT, NOTIS PERLINDUNGAN DATA DAN PENGISYTIHARAN & KEBENARAN UNTUK PENYERAHAN BORANG DI ATAS TALIAN

I declare the above answers are true and correct and I agree that If I have made, or shall make any untrue statement, or suppressed or concealed any material fact; my/ Person Covered's right to be compensated shall be absolutely forfeited. I, the Person Covered/ Certificate Owner/ Claimant hereby authorize and give my consent to any doctor, medical practitioner, physician, hospital, laboratory, surgeon, nurse, medical staff, clinic, takaful operator or insurance company, credit reporting agency, organization, institutions or persons that may have any records or knowledge of my / Person Covered's health or medical history ("Information Provider"), to provide such information to GETB and its authorized service provider and/ or its employee about my personal data, employment and credit information (as defined in Credit Reporting Agencies Act 2010) in order to process my takaful claim. I authorise the Company and its representative to give and release any such information to any party in relation to my application or transaction with the Company for the following purposes (but not limited to): verifying information given pursuant to this claim, background screening, credit evaluation, scoring solutions, administration, analysis or monitoring of certificate with the Company or processing of claim. I, the Person Covered/ Certificate Owner/ Claimant, expressly waive on behalf of myself or any other person who shall have any claim or interest in any certificate hereunder, all provision of law or professional ethics forbidding any Information Provider from disclosing any information acquired while attending to me in a professional capacity.

Saya mengisytiharkan bahawa jawapan di atas adalah betul dan benar serta saya bersetuju jika saya membuat atau akan membuat sebarang kenyataan yang tidak tepat atau menahan atau menyembunyikan sebarang fakta material; hak saya/ Orang yang Dilindungi untuk menerima pampasan akan dilucutkan dengan mutlak. Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut dengan ini membenarkan dan memberi kebenaran kepada mana-mana doktor, pengamal perubatan, pakar perubatan, hospital, makmal, pakar bedah, jururawat, kakitangan perubatan, klinik, Pengendali Takaful atau syarikat insurans, agensi pelaporan kredit, organisasi, institusi atau individu yang mungkin mempunyai sebarang rekod atau pengetahuan berkenaan kesihatan atau sejarah kesihatan saya/ Orang yang Dilindungi ("Pemberi Maklumat") bagi menyediakan maklumat tersebut kepada GETB dan penyedia perkhidmatan berdaftar dan/ atau pekerjaannya bagi memproses maklumat data peribadi, pekerjaan, dan maklumat kredit saya (seperti yang ditakrifkan dalam Akta 2010 Agensi Pelaporan Kredit (APK) bagi memproses tuntutan Takaful saya. Saya memberi kuasa kepada Pengendali Takaful dan wakilnya untuk memberi dan mengeluarkan sebarang maklumat kepada mana-mana pihak yang berkaitan dengan permohonan saya atau transaksi dengan Syarikat untuk tujuan berikut (tetapi tidak terhad kepada): mengesahkan maklumat yang diberikan berdasarkan tuntutan ini, pemeriksaan latar belakang, penilaian kredit, penyelesaian pemarkahan, pentadbiran, analisis atau pemantauan sijil dengan Syarikat atau pemprosesan tuntutan. Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut, bagi pihak saya atau mana-mana individu yang mempunyai sebarang tuntutan atau kepentingan dalam mana-mana sijil di bawah ini, mengetepikan semua peruntukan undang-undang atau etika profesional yang melarang mana-mana Pemberi Maklumat daripada mendedahkan sebarang maklumat yang diperlukan semasa memberi perkhidmatan kepada saya dalam kapasiti sebagai seorang profesional.

I, the Person Covered/ Certificate Owner/ Claimant, hereby authorise and give my consent, to the deduction of monies due to the Company from the claim proceeds payable pursuant to any certificate hereunder, including but not limited to any Advance Contribution Account (ACA), contribution due, advance benefit paid, and/ or erroneous or payment made in excess of any claim amount. I, the Person Covered/ Certificate Owner/ Claimant, hereby authorised and give consent to the Company to amend my addresses as provided in this claim form. This authorisation shall irrevocably bind my successors and assignees and shall remain valid notwithstanding my death or incapacity, and a copy of this form shall be effective and valid as the original. I, the Person Covered/ Certificate Owner/ Claimant agree that the personal data provided in this form may be used, recorded, stored, archived, disclosed or otherwise processed by the Takaful Operator for the purposes relating to the payment of funds in accordance with my/ our instruction herein, and for the purposes of compliance with any legal or regulatory requirements. I consent that my personal information may be used, recorded, stored, archived, disclosed or otherwise processed by or on behalf of the Takaful Operator (and its successors in title) for the provision of takaful services.

Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut, dengan ini memberi kebenaran dan keizinan untuk menolak wang yang perlu dibayar kepada Syarikat daripada jumlah tuntutan yang boleh dibayar menurut sebarang Sijil di bawah ini, termasuk tetapi tidak terhad kepada sebarang Akaun Sumbangan Pendahuluan, caruman yang perlu dibayar, manfaat yang telah didahulukan dan/ atau pembayaran salah yang dibuat melebihi sebarang amaun tuntutan. Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut, memberi kebenaran dan keizinan kepada Syarikat untuk membuat pindaan maklumat terhadap alamat-alamat saya yang dinyatakan dalam borang tuntutan ini. Kebenaran ini akan terikat kepada pengganti hak milik dan pemegang serah hak tanpa boleh ditarik balik serta kekal sah walaupun selepas saya meninggal dunia atau hilang upaya serta salinan borang ini adalah berkuat kuasa dan sah seperti salinan asal. Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut setuju bahawa data peribadi yang diberi di dalam borang ini mungkin digunakan, direkodkan, disimpan, diarkibkan, dizahirkan atau diproses oleh Pengendali Takaful untuk tujuan berkaitan pembayaran dana sesuai dengan arahan saya/ kami di sini dan untuk tujuan pematuan sebarang keperluan undang-undang atau peraturan. Saya setuju bahawa maklumat peribadi saya mungkin digunakan, direkodkan, disimpan, diarkibkan, dizahirkan atau diproses oleh atau bagi pihak Pengendali Takaful (dan pengganti hak miliknya) untuk penyediaan perkhidmatan takaful.

Authorisation for Claim Matters and Amendment of Address

Kebenaran untuk Perkara-Perkara Tuntutan dan Pindaan Maklumat Alamat

I, the Person Covered/ Certificate Owner/ Claimant hereby give consent to, GREAT EASTERN TAKAFUL BERHAD (916257-H) ("GETB") Agent or Authorised Person _____, Agent Code or New NRIC No. _____,

_____ to assist in matters pertaining to this claim and cheque collection, if any. I hereby agree to release and discharge GETB from all losses, claims, allegations, suits, proceedings, demands, damages, costs and expenses arising from or in connection to the said collection. I further agree to indemnify GETB and to keep GETB fully indemnified from and against any and all such losses, claims, allegations, suits, proceedings, demands, damages, costs and expenses arising from or in connection to the said collection.

Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut, dengan ini memberi kebenaran kepada Ejen GREAT EASTERN TAKAFUL BERHAD (916257-H) ("GETB") atau Pihak yang diberi kuasa, _____ Kod Ejen atau No. KP Baru _____ untuk membantu dalam perkara-perkara berhubungan dengan tuntutan ini dan pengambilan cek, jika ada. Saya dengan ini bersetuju untuk melepaskan GETB dari segala kerugian, tuntutan, tuduhan, guaman, prosiding, permintaan, ganti rugi, kos dan perbelanjaan yang berbangkit dari atau berkaitan dengan pengambilan perkara tersebut. Saya selanjutnya bersetuju untuk menanggung kerugian GETB serta memelihara GETB dengan indemniti sepenuhnya dari atau berkaitan sebarang dan segala kerugian, tuntutan, tuduhan, guaman, prosiding, permintaan, ganti rugi, kos dan perbelanjaan yang berbangkit dari atau berkaitan dengan pengambilan perkara tersebut.

I, the Person Covered/ Certificate Owner/ Claimant _____ NRIC No. _____
hereby give consent to amend my residential and correspondence addresses stated in this form as follows (please tick ONE box only) :-
Saya, Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut _____
No. K.P. _____ dengan ini memberi kebenaran untuk membuat pindaan maklumat alamat rumah dan alamat
surat-menyurat saya seperti di bawah (sila tandakan SATU kotak sahaja) :-

- ☐ I would like to amend the addresses as stated in this form throughout all applicable certificates
Saya ingin membuat pindaan alamat seperti dinyatakan dalam borang ini untuk semua sijil berkaitan
- ☐ The addresses stated in this form are for this claim transaction only
Alamat-alamat yang dinyatakan hanyalah untuk transaksi tuntutan ini sahaja

Data Protection Notice
Notis Perlindungan Data

If you have any inquiry such as limiting the processing of certain information, including the withdrawal of consent to the processing of personal information, you may contact our Customer Careline at 1300-13-8338, or write to the Takaful Operator at i-greatcare@greateasterntakaful.com.
Sekiranya anda mempunyai sebarang pertanyaan seperti menghadkan pemprosesan maklumat tertentu, termasuk membatalkan persetujuan untuk pemprosesan maklumat peribadi, anda boleh menghubungi talian Careline kami di 1300-13-8338, atau menulis kepada Pengendali Takaful di i-greatcare@greateasterntakaful.com.

If you have any complaints in respect of your personal information, you may contact our Privacy Officer at 603-4259 8381.
Sekiranya anda mempunyai sebarang aduan berhubung dengan maklumat peribadi anda, anda boleh menghubungi Pegawai Privasi kami di 603-4259 8381.

For more information on how the Takaful Operator processes your personal information, please log on to our website greateasterntakaful.com and read the Client Charter and Privacy Policy.

Untuk keterangan lanjut mengenai cara Pengendali Takaful memproses maklumat peribadi anda, sila layari laman sesawang kami greateasterntakaful.com dan baca Piagam Pelanggan dan Dasar Privasi.

Declaration & Authorisation for Online Submission Form
Pengisytiharan & Kebenaran untuk Penyerahan Borang di atas talian

I agree that a copy of documents submitted shall be valid as the original documents and 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 Takaful Operator reserve the rights to verify the documents submitted for the purpose of processing my claims and agree to provide the original and fair copy of the documents to the Takaful Operator whenever requested.

Saya bersetuju bahawa salinan dokumen dikemukakan adalah sah seperti salinan asal dan saya mengesahkan bahawa maklumat yang diberi melalui penyerahan borang di atas talian adalah yang terbaik dari pengetahuan dan kepercayaan saya, benar dari segala aspek. Saya faham bahawa Pengendali Takaful berhak untuk mengesahkan dokumen untuk tujuan pemprosesan tuntutan saya dan bersetuju untuk memberi salinan asal dan salinan yang adil kepada Pengendali Takaful apabila diminta.

I understand that the making of a fraudulent claim by providing untrue or false information is a criminal offence likely to lead to prosecution. Further, I understand and agree that the Takaful Operator shall have the absolute right to recover the claim amount in full from me if there is any untrue or inaccurate representation on the information provided or submission of tampered or false or untrue information had been submitted for the claim.

Saya faham bahawa membuat penipuan tuntutan dengan mengemukakan maklumat tidak benar atau salah adalah kesalahan jenayah berkemungkinan membawa kepada pendakwaan. Selanjutnya, saya faham dan bersetuju bahawa Pengendali Takaful mempunyai hak mutlak meminta jumlah tuntutan sepenuhnya daripada saya jika terdapat sebarang maklumat yang diberikan adalah tidak benar atau tidak tepat atau penyerahan maklumat yang diusik atau maklumat yang dikemukakan adalah salah atau tidak benar untuk tuntutan.

NOTE: If Person Covered/ Certificate Owner/ Claimant is unable to sign due to disability, the thumbprint has to be witnessed by the attending doctor or our authorised officers at any nearest office.

NOTA: Sekiranya Orang yang Dilindungi/ Pemilik Sijil/ Pihak yang Menuntut tidak dapat menandatangani disebabkan oleh hilang upaya, cap ibu jari perlu disaksikan oleh doktor atau pihak yang diberi kuasa di mana-mana cawangan berdekatan.



Signature of Person Covered
Tandatangan Orang yang Dilindungi

Name *Nama:* _____

NRIC No./ Passport No.: _____
No. KP Baru/ No. Passport

Date *Tarikh:* _____



Signature of Certificate Owner/ Claimant
Tandatangan Pemilik Sijil/ Pihak yang Menuntut
If different from the Person Covered
(Jika lain daripada Orang yang Dilindungi)

Name *Nama:* _____

NRIC No./ Passport No.: _____
No. KP Baru/ No. Passport

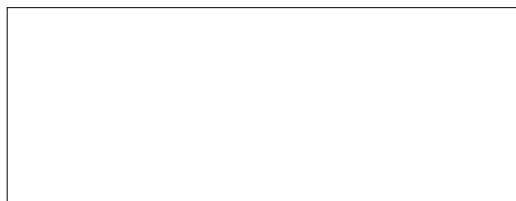
Contact No. *No. Telefon:* _____

Address *Alamat:* _____

Email *Emel:* _____

Date *Tarikh:* _____

Relationship with the
Person Covered: _____
*Hubungan dengan Orang
yang Dilindungi*



Signature of Witness
Tandatangan Saksi

Name *Nama:* _____

NRIC No./ Passport No.: _____
No. KP Baru/ No. Passport

Contact No. *No. Telefon:* _____

Address *Alamat:* _____

Email *Emel:* _____

Date *Tarikh:* _____

LETTER OF AUTHORIZATION / CONSENT
SURAT PEMBERIKUASA / KEBENARAN

To Obtain Further Medical Information
Untuk Mendapatkan Maklumat Perubatan Lanjut

TO WHOM IT MAY CONCERN KEPADA SESIAPA YANG BERKENAAN

Name of Person Covered *Nama Orang yang Dilindungi:* _____

NRIC No. *No Kad Pengenalan:* _____ New *Baru* _____ Old *Lama* _____

Certificate No. *No. Sijil:* _____

I, _____, NRIC No. _____ hereby authorize and give my consent to any medical practitioner, physician, surgeon, nurse, medical staff, clinic, hospital, medical centre, takaful operator, insurance company or organization or individual concerned ("The Information Provider") that may have any record or knowledge of the health or medical history of the above stated ("Person Covered") and to provide such information to **GREAT EASTERN TAKAFUL BERHAD** and its authorized service provider and/or its employees in order to process my takaful claim.

*Saya _____, No. Kad Pengenalan _____ dengan ini memberi kuasa dan mengizinkan mana-mana pegawai perubatan, doktor, pakar bedah, klinik, hospital, pusat perubatan, pengendali takaful, syarikat insurans atau organisasi, institusi atau perseorangan ("Pemberi Maklumat") yang mungkin mempunyai apa-apa rekod atau mengetahui tentang kesihatan atau sejarah perubatan saya yang disebut di atas untuk memberi maklumat kepada **GREAT EASTERN TAKAFUL BERHAD** ("Pengendali Takaful") atau pihak pembekal perkhidmatan yang diberi kuasa dan/atau kakitangannya.*

I expressly waived all provisions of law or professional ethics forbidding the Information Provider(s) from disclosing any such information acquired on myself in a professional and/or client capacity and I further release the Information Provider(s) and its agent/staff from any liability whatsoever that may rise, in supplying such information requested by the Takaful Operator.

Saya juga tidak ragu-ragu mengenyahkan segala peruntukan undang-undang atau etika profesional yang menghalang Pemberi Maklumat daripada memberi maklumat berkenaan mengenai saya dalam bidang kuasa sebagai profesional dan/atau pelanggan dan saya juga memberi pelepasan kepada Pemberi Maklumat, ejen dan/atau kakitangannya daripada apa-apa liabiliti kerana memberi maklumat tersebut kepada Pengendali Takaful.

This authorization/consent is irrevocable and a copy of it will have the same effect and validity as the original.

Surat pemberikuasa/kebenaran ini adalah muktamad dan salinannya juga memberi hak pengesahan yang sama sepertimana asal.

Signature of Certificate Owner

Tandatangan Pemilik Sijil

Name: _____
Nama

Relationship with Patient: _____
Hubungan dengan Pesakit

Date: _____
Tarikh

Supporting document to be required with this claimant's statement (where applicable)

Dokumen sokongan yang diperlukan dengan Borang Tuntutan Rawatan ini (yang bersesuaian)

- | | |
|--|--|
| ☐ Attending Physician Statement (Except Pre & Post Claim)
<i>Kenyataan Doktor yang Merawat</i> | ☐ Laboratory Test Result, X-ray, MRI/CT Scan, Ultrasound, HPE/Biopsy Report (if any)
<i>Laporan Ujian Makmal, Sinar-X, MRI/CT, Ultrasound, HPE/Biopsi (jika ada)</i> |
| ☐ Original itemized Bill and Receipt
<i>Bil Terperinci dan Resit Asal</i> | ☐ Certified True Copy of Life Assured and Claimant NRIC/Passport
<i>Salinan yang Diakui Benar Kad Pengenalan/Passport Hayat Yang Diasuranskan dan Pihak Menuntut</i> |
| ☐ Direct Credit Facility Form
<i>Borang Kemudahan Kredit Terus</i> | |

Certificate No. <i>No. Sijil</i>		New NRIC No. <i>No. KP Baru</i>	
Certificate No. <i>No. Sijil</i>		Old NRIC/BC/Passport No. <i>No. KP Lama/Sijil Kelahiran /Pasport</i>	
Certificate No. <i>No. Sijil</i>		Name of Patient <i>Nama Pesakit</i>	

1.	If treatment was a result from an accident, please provide details of accident. <i>Jika rawatan akibat kemalangan, sila kemukakan butiran berikut.</i> Date of Accident <i>Tarikh kejadian kemalangan</i> Time <i>Masa</i> AM/PM <i>Pagi/Petang</i> Nature of Accident <i>Jenis Kemalangan</i>
2.	Hospitalisation Detail <i>Butiran Masuk ke Hospital</i> Admission No. <i>Nombor Pendaftaran</i> Date of Admission/Day Surgery <i>Tarikh Kemasukan Hospital/Pembedahan Harian</i> Time <i>Masa</i> AM/PM <i>Pagi/Petang</i> Date of Discharge <i>Tarikh Discaj</i> Time <i>Masa</i> AM/PM <i>Pagi/Petang</i>
3.	What were the symptoms the patient complained when he/she first saw you? <i>Apakah simptom yang diberitahu oleh pesakit ketika pertama kali dia berjumpa dengan anda?</i>
4.	The date on which you first saw the patient for this condition. <i>Sila nyatakan tarikh pertama kali anda memberi rawatan kepada pesakit bagi keadaan ini.</i> Date <i>Tarikh</i>
5.	(a) According to the patient, how long had the patient been having these symptoms prior to the initial consultation with you? <i>Berdasarkan maklumat yang diberi oleh pesakit, berapa lamakah dia telah mengalami simptom ini sebelum kali pertama menemui anda?</i> (b) Based on your professional opinion, how long had the patient been having these symptoms prior to the initial consultation with you? <i>Pada pandangan anda, berapa lamakah dia telah mengalami simptom ini sebelum kali pertama menemui anda?</i>
6.	Had the patient previously received any medical consult for the above symptom(s)? If yes, please indicate the doctor's name, address, date of consultation and provide a copy of referral letter (if any). <i>Pernahkah pesakit menerima perundingan perubatan untuk simptom diatas? Jika ya, sila nyatakan nama, alamat doktor tersebut, tarikh rawatan serta berikan salinan surat rujukan (jika ada).</i> ☐ Yes <i>Ya</i> ☐ No <i>Tidak</i> Name <i>Nama</i> Address <i>Alamat</i> Date <i>Tarikh</i>
7.	Have any investigation, test or procedure been performed? If yes, please furnish us the detail or provide a certified true copy of result. <i>Adakah sebarang siasatan, ujian atau prosedur dilakukan? Jika ya, sila nyatakan maklumat lanjut atau lampirkan satu salinan siasatan yang disahkan daripada dokumen asal.</i> ☐ Yes <i>Ya</i> ☐ No <i>Tidak</i>
8.	What was the diagnosis? <i>Apakah diagnosis anda?</i>
9.	What is the underlying cause(s)/pathology/mechanism of injury for the above diagnosis? Please indicate the doctor's name, address and date of consultation (if any). <i>Apakah punca penyebab/patologi/mekanisme kecederaan bagi penyakit diatas? Sila nyatakan nama, alamat doktor tersebut dan tarikh rawatan (jika ada).</i>
10.	Did you inform the patient of the diagnosis? If yes, when? <i>Adakah anda memberitahu pesakit tentang diagnosis tersebut? Jika ya, bila?</i> ☐ Yes <i>Ya</i> ☐ No <i>Tidak</i> Date <i>Tarikh</i>

CLM-HSAPS-V07-082025-TAKAFUL

Great Eastern Takaful Berhad 201001032332 (916257-H)

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 E-mail: i-greatcare@greatasterntakaful.com Website: www.greatasterntakaful.com

11.	Nature of medical treatment given/planned and/or surgery to be performed. <i>Apakah jenis rawatan perubatan yang diberi/dirancang dan/atau pembedahan yang akan dijalankan.</i>	
12.	For surgery/procedure: <i>Untuk pembedahan/prosedur:</i> (a) Indication and Nature of surgery/procedure performed <i>Petunjuk dan Jenis pembedahan/prosedur</i> (b) Name of surgeon(s) <i>Nama pakar bedah</i> (c) MMA OPCS code/PHFSR code <i>Kod MMA OPCS/Kod PHFSR</i> (d) Date(s) of surgery/procedure performed <i>Tarikh pembedahan/prosedur dilakukan</i>	
13.	Has the patient previously been treated (outpatient) or hospitalised for this or any other disease? If yes, please furnish the details. <i>Pernahkah pesakit diberi rawatan secara pesakit luar atau dimasukkan ke hospital untuk rawatan penyakit ini atau penyakit-penyakit lain? Sila berikan maklumat lanjut.</i>	☐ Yes <i>Ya</i> ☐ No <i>Tidak</i> Date <i>Tarikh</i> Illness <i>Penyakit</i> Details of Treatment <i>Butir Rawatan</i> Hospital/Clinic <i>Hospital/Klinik</i> Address <i>Alamat</i>
14.	Was the illness/condition caused directly or indirectly by the following condition. If yes, please tick. <i>Adakah penyakit ini secara langsung atau tidak langsung berkaitan dengan keadaan berikut. Jika ya, sila tanda.</i>	
	☐ Pregnancy/Childbirth/Caesarean section/Miscarriage/Prenatal/Postnatal/Sterilization/Infertility. (If pregnancy related, gestation period _____ weeks). <i>Kehamilan/Kelahiran/Kelahiran secara Pembedahan/Keguguran/Sebelum Kelahiran Anak/Selepas Kelahiran Anak/Pensterilan/Kemandulan. (Jika berkaitan dengan Kehamilan, tempoh kehamilan _____ minggu).</i> ☐ Drug abuse/Intoxication <i>Penyalahgunaan Dadah/Kemabukan</i> ☐ Nervous/Mental/Emotional/Sleeping Disorder /Alternative Therapy <i>Penyakit Mental/Penyakit Gangguan Tidur/Alternatif Terapi</i> ☐ Cosmetic surgery/Dental care/Refractive errors connection <i>Pembedahan Kosmetik/Rawatan Pergigian/Pembetulan Penglihatan melalui Pembiasan</i> ☐ AIDS/HIV/STD/VD <i>AIDS/HIV/STD/VD</i> ☐ Self-inflicted injuries/Suicide/Attempted Suicide <i>Tindakan Melukakan Diri Sendiri/Bunuh Diri/Percubaan Bunuh Diri</i> ☐ Strike/Riot/Insurrection <i>Mogok/Rusuhan/Pemberontakan</i> ☐ None of the above <i>Semua diatas tidak berkenaan</i>	
Declaration "I hereby certify that the information above are full, complete and true as per record from the hospital/clinic." <i>"Saya dengan ini mengesahkan bahawa maklumat di atas adalah lengkap dan benar mengikut rekod hospital/klinik."</i>		
Signature and Stamp of Attending Physician/Surgeon <i>Tandatangan dan Cop Pengawai Perubatan/Pakar Bedah</i> Name of Physician/Surgeon _____ <i>Nama Doktor/Pakar bedah</i> Qualification <i>Kelayakan</i> _____ Contact No. <i>No. Tel</i> _____ Fax No. <i>No. Faks</i> _____ Date <i>Tarikh</i> _____ Hospital/Clinic _____ <i>Hospital/Klinik</i> Address <i>Alamat</i> _____ _____ _____ _____		

Medical Claims Services

Requirement Checklist for Claims Submission

It is advisable to use this checklist as a guide on the documents required for submission of claim. A copy of this checklist is available from Customer/Agent Service Centre (Form Counter) or Servicing Branch or i-greatpartner.

Important Notes :

1. Please ensure that these requirements are fully complied with in order for us to assess the claim without delay.
2. Please ensure claims documents that required certified true copy are duly signed and stamped with identification details.
Person who can certify documents is as follow:
(a) Customer Service Personnel at Head Office and Branches
(b) Group Manager (GM) or Unit Manager (UM)
(c) Commissioner of Oath
(d) Public Notary
3. Submit this Requirement Checklist with the claim submission and tick the checkbox for documents submitted.
4. The Company may request for additional documents/reports if deemed necessary.

Certificate No.	: _____	Branch	: _____	Agent Code	: _____
Certificate Owner / Person Covered	: _____	Agent's Name	: _____	Agent Tel. No.	: _____

1. Inpatient Claims / Day Surgery

- ☐ Hospitalisation & Surgical - Claimant's Statement
- ☐ Hospitalisation & Surgical - Attending Physician's Statement
- ☐ Certified True Copy of Claimant's NRIC/Passport indicating Biodata
- ☐ Certified True Copy of Person Covered's NRIC/Passport/Birth Certificate
- ☐ Direct Credit Facility Form (if not submitted before)
- ☐ Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any)
- ☐ Itemised Breakdown, if (a) pharmacy charges >20% of total bill/tax invoice,
(b) laboratory charges >10% of total bill/tax invoice.
- ☐ Certified True Copy of Laboratory Test Result, X-Ray, MRI/CT scan, Ultrasound, Histopathology report (if any)
- ☐ Claim settlement details from third party (other insurer/employer) if claiming balance
- ☐ For Overseas claims: Certified True Copy of passport indicating Biodata, Dates of Departure from Malaysia and Arrival overseas,
Original detailed admission bill/tax invoice and receipt (translation of foreign language to English, if deemed necessary)
- ☐ Copy of valid license (if you are motorcyclist/ driver involved in motor vehicle accident)
- ☐ Others: _____

2. Pre & Post Hospitalisation Claims, Outpatient Cancer Treatment, Outpatient Kidney Dialysis Treatment

- ☐ Outpatient - Claimant's Statement
- ☐ Certified True Copy of Claimant's NRIC/Passport indicating Biodata
- ☐ Certified True Copy of Person Covered's NRIC/Passport/Birth Certificate
- ☐ Direct Credit Facility Form (if not submitted before)
- ☐ Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any)
- ☐ Itemised Breakdown, if (1) Pre hospitalisation bill/tax invoice- each bill/tax invoice > RM150 (detail listing of consultation fee, medication, test/investigation charges etc)
(2) Post hospitalisation bill/tax invoice- each bill/tax invoice if medicine > RM300 (detail listing of medicine name, unit price, prescribed quantity and supply duration)
- ☐ Others: _____

3. Emergency Accident Outpatient Treatment Claims

- ☐ Outpatient - Claimant's Statement
- ☐ Hospitalisation & Surgical - Attending Physician's Statement, if total bill(s) > RM350
(if total bill(s)/invoice(s) less than RM350, attending doctor to endorse the diagnosis (with signature and stamping) and confirm the date of accident)
- ☐ Certified True Copy of Claimant's NRIC/Passport indicating Biodata
- ☐ Certified True Copy of Person Covered's NRIC/Passport/Birth Certificate
- ☐ Direct Credit Facility Form (if not submitted before)
- ☐ Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any)
- ☐ Certified true copy of x-ray, MRI/CT scan (if any)
- ☐ Copy of valid license (if you are motorcyclist/ driver involved in motor vehicle accident)
- ☐ Others: _____

4. Hospital Income / Hospitalisation Benefit

- ☐ Hospitalisation & Surgical - Claimant's Statement
- ☐ Hospitalisation & Surgical - Attending Physician's Statement
- ☐ Certified True Copy of Claimant's NRIC/Passport indicating Biodata
- ☐ Certified True Copy of Person Covered's NRIC/Passport/Birth Certificate
- ☐ Direct Credit Facility Form (if not submitted before)
- ☐ Certified True Copy of hospitalisation bill/tax invoice
- ☐ For Reimbursement Claim-Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any)
- ☐ Copy of valid license (if you are motorcyclist/ driver involved in motor vehicle accident)
- ☐ Others: _____

For Office Use

Checked By	: _____
Check Date	: _____

Important

1. By signing this form, you confirm that you have read, understood and agree to the authorisations and declarations printed overleaf.
2. This Direct Credit facility is only available for direct credit to accounts maintained in banks participating in the Interbank Giro (IBG) payment system in Malaysia. In relation to a Payee* who is a minor, payments shall only be made to accounts maintained by the parent or lawful guardian.
3. This Direct Credit facility is not allowed for any joint bank accounts unless the Certificate Owner/Payee is the primary account holder.
4. We reserve the right to release payment by cheque in the event of (a) insufficient / invalid / incorrect information being provided in this Direct Credit facility form, (b) payment being made to joint Payees (e.g. joint administrators or joint executors), and / or (c) the failure of the transfer to the beneficiary bank for any reason whatsoever, (d) If the claim amount exceeds the maximum amount allowed by IBG transaction.
5. All further claims benefits payable for the same event will be credited into the account below, unless otherwise notified by the certificate owner.

Payee* refers to any person / company who is the person entitled to the Certificate monies, e.g. Certificate owner, Person Covered, beneficiary, assignee, trustee, Public Trustee / Amanah Raya, executor / executrix, administrator / administratrix.

Certificate No.																				
Name of Certificate Owner / Payee*																				
Name of Person Covered (applicable for claims if different from above)																				
NRIC No. / Passport No. / Company Registration No.											* same as in Certificate and Bank Account									
Beneficiary Bank																				
Bank Account Holder Full Name																				
Bank Account No.																				
Account Type	☐ Single Account										☐ Joint Account <i>(Only allowed if Certificate Owner / Payee is the primary account holder)</i>									
Transaction Type	☐ Cash Benefit Payout ☐ Surrender/Partial Withdrawal/Freelook ☐ Maturity ☐ Contribution Refund ☐ Family Claims ☐ Individual Health Claims ☐ Others _____																			
Email Address (mandatory)																				
Mobile (mandatory)	+																			
example: 012-345 6789 (Malaysia)	Country Code 6 0 1 2 3 4 5 6 7 8 9																			

* The mobile and email address **REQUIRED** will be used for payment notification for the above certificate(s)

AUTHORISATION / DECLARATION

I / We hereby:

1. Instruct the Takaful Operator to pay into my / our designated bank account ("Account") as stated overleaf all the amount payable to me / us arising from transactions effected through the above Certificate.
2. Declare that the information provided by me / us as in this form are true and correct and undertake to immediately inform the Takaful Operator any change in the same. I further confirm that I am the Account holder and have full power and authority to operate the Account [in respect of a partnership or a body corporate]. We further confirm that the person signing this form is the authorised signatory for the Account, and have full power and authority to operate the Account.
3. Understand that this standing instruction shall not take effect on any existing transactions that have already been executed and that the Takaful Operator has the right to reject this standing instruction in the event that it is found to be payable to a third party account.
4. Agree that the Takaful Operator shall not be liable in the event that any payment transaction into my / our Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and / or for any other reason beyond the reasonable control of the Takaful Operator.
5. Acknowledge and agree that the payment made into the Account shall be a valid discharge of the Takaful Operator's liability under the Certificate. I / We further agree that the Takaful Operator shall not be held liable for any damages, losses, claims, cost and / or expenses which I / we may incur as a result of such payments made into the Account in accordance with my / our instructions herein, including but not limited to the subsequent withdrawal of the Certificate monies from the Account by persons other than myself / ourselves, and agree to indemnify and to keep the Takaful Operator indemnified of any damages, losses, claims, cost and / or expenses incurred by the Takaful Operator in defending any claim arising from and / or in connection with payments made by the Takaful Operator into the Account in accordance with my / our instructions herein.

6. Agree to immediately refund to the Takaful Operator in full any monies paid into the Account which is paid in error or which I am / we are otherwise not entitled to receive.
7. Declare that I am not an undischarged bankrupt [*in respect of a partnership or a body corporate*]. We declare that no order has been made, petition filed or resolution passed for our winding up, dissolution or liquidation or for the appointment of a liquidator, receiver, custodian or trustee for all or any part of our property or assets or for an administration order against us.
8. Agree that this instruction shall continue to be in force until I / we expressly revoke the same by executing a new Direct Credit facility form to replace this Account with a new bank account. However, the Takaful Operator may in its absolute discretion terminate the Direct Credit service at anytime and without assigning any reason(s) therefor.
9. Agree that the personal data provided in this form may be recorded, used, disclosed, processed and stored by the Takaful Operator for the purposes relating to the payment of funds in accordance with my / our instructions herein, and for the purposes of compliance with any legal or regulatory requirements.
10. Consent that my personal information may be used, recorded, stored, disclosed or otherwise processed by or on behalf of the Takaful Operator (and its successors in title) to carry out takaful business.

PERSONAL DATA PROTECTION NOTICE

Your privacy is of utmost importance to us. For full details on how your data is collected, used, transferred, your rights over your personal data, and how to manage your marketing preferences, please refer to the Personal Data Protection Notice on Great Eastern Takaful Berhad's Website or obtain a copy from our Customer Service Officer. If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our Customer Service Careline at 1 300 13 8338 or Data Protection Officer at GETBDPO@greateastertakaful.com.

Signature of Payee* & Company Stamp (if applicable)

Name: _____

Date: _____

For Office Use:

Bank Code:

--	--	--	--	--	--

Branch Code:

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Reject Reason: _____