CIMB AVIVA

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TAKAFUL PERSONAL ACCIDENT CLAIM FORM (DEATH AND INJURY)
BORANG TUNTUTAN KEMALANGAN PERIBADI TAKAFUL (KEMATIAN DAN KECEDERAAN)

The issuance and acceptance of this Claim Form is not an admission of Liability by the Company and if false statement or declaration be made in support of this claim, this claim shall be null & void.

Pengeluaran dan penerimaan Borang Tuntutan ini bukan pengakuan bertanggungjawab oleh pihak Syarikat dan sekiranya kenyataan dan pengisytiharan palsu dibuat untuk menyokong tuntutan ini, maka tuntutan ini adalah batal dan tidak sah.

SECTION A - PARTICULARS OF PARTICIPANT / *SEKSYEN A - BUTIR-BUTIR PESERTA*

Participant's Name (in block letters) / *Nama Peserta (dalam huruf besar)*:

NRIC No. / *No. Kad Pengenalan*:

New / *Baru* - -

Old / *Lama*

Business Registration No. / *No. Pendaftaran Perniagaan*:

Business/Occupation / *Perniagaan/Pekerjaan*:

Address (House/Office) / *Alamat (Rumah/Pejabat)*:

Postcode *Poskod*

Telephone No. / *No. Telefon*:

House / *Rumah* -

Office / *Pejabat* -

Handphone / *Telefon Bimbit* -

Certificate No. / *No. Sijil*:

Claim No. / *No. Tuntutan*:

Commencement Date / *Tarikh Bermula*: D D - M M - Y Y Y Y

Expiry Date / *Tarikh Tamat*: D D - M M - Y Y Y Y

SECTION B - PARTICULARS OF INJURED PERSON / *SEKSYEN B - BUTIR-BUTIR ORANG YANG CEDERA*

Name of Claimant (in block letters) / *Nama Penuntut (dalam huruf besar)*:

Relationship / *Hubungan*:

Address of Claimant/Deceased (in block letters) / *Alamat Penuntut/Si Mati (dalam huruf besar)*:

Postcode *Poskod*

SECTION C - PARTICULARS OF LOSS / *SEKSYEN C - BUTIRAN KEMALANGAN*

Date and time of accident / *Tarikh dan masa kemalangan*

Date / *Tarikh*: D D - M M - Y Y Y Y

Time / *Masa*: _____ a.m./p.m.

Date and place of death (if applicable)

Date / *Tarikh*: D D - M M - Y Y Y Y

Place / *Tempat*: _____

Cause of death / *Sebab kematian*

a) Give the name of police station where the accident was reported
Sila nyatakan balai polis di mana kemalangan dilaporkan

b) Police report / *Laporan polis*

Please state how the accident occurred and what the claimant/deceased was doing at that time
Sila nyatakan bagaimana kemalangan itu berlaku dan apakah penuntut/si mati sedang buat pada masa itu

Please give names and addresses of any person who witnessed the accident
Sila berikan nama dan alamat sesiapa yang menyaksikan kemalangan itu

Name and addresses of every physician who attended to the claimant/deceased during the last five (5) years and state the nature of illness or please give the name and addresses of the Medical Practitioner who attended to claimant/deceased after the accident / *Nama dan alamat semua doktor yang merawat penuntut/si mati dalam tempoh lima (5) tahun yang lalu dan nyatakan jenis penyakit atau sila berikan nama dan alamat Pakar Perubatan yang merawat penuntut/si mati selepas kemalangan*

Physician / *Doktor*

Nature of illness/disease / *Jenis kesakitan/penyakit*

Please state / *Sila nyatakan*

a) Whether the claimant has been totally unable to attend to any part of his business/occupation
Adakah penuntut tidak berupaya untuk menumpukan perhatian dengan sepenuhnya terhadap perniagaan/pekerjaan sendiri

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b) On what dates the claimant were able to attend / *BIlakah tarikh penuntut dapat menumpu perhatiannya*
- To a part of his usual business/occupation / *Salah satu perniagaan/pekerjaan lazimnya*
- To the whole of his usual business/occupation / *Keseluruhan perniagaan/pekerjaan dia lazimnya*

Please state whether in respect of the accident the claimant/deceased is entitled to receive compensation from any other sources. If Yes, from what source and the amount *Sila nyatakan samada berdasarkan kemalangan ini penuntut/si mati berhak untuk menerima pampasan daripada sumber yang lain. Jika Ya, daripada mana dan berapa jumlahnya*

☐ Yes / *Ya* ☐ No / *Tidak*

Company / *Syarikat*

Particular of claimant / *Butiran penuntut*

Has the claimant/deceased ever previously met with an accident or has the claimant/deceased ever made a claim for compensation in respect of accidental injury from any Insurance Company / *Pernahkah penuntut/si mati ditimpa sebarang kemalangan atau pernahkah penuntut/si mati membuat sebarang tuntutan pampasan bagi kecederaan akibat kemalangan daripada mana-mana Syarikat Insurans*

☐ Yes / *Ya* ☐ No / *Tidak*

Company / *Syarikat*

Particular of claimant / *Butiran penuntut*

LETTER OF CONSENT / *SURAT KEBENARAN*

I/We hereby declared that the above statement are true to the best of My/Our knowledge and agree that if I/We made or if I/We shall make any false or untrue statement, suppression or concealment, My/Our right to compensation shall be absolutely forfeited. / *Saya/Kami mengaku bahawa butiran yang dinyatakan diatas adalah benar sepanjang pengetahuan Saya/Kami dan bersetuju bahawa jika Saya/Kami membuat atau jika Saya/Kami akan membuat sebarang kenyataan yang palsu atau tidak benar, penindasan atau penyembunyian, hak Saya/Kami kepada pampasan akan dibatalkan secara mutlak.*

I/We have handed/will hand over the attached Medical Report Form to the attending doctor mentioned above for completion and shall return to the Company directly from which I/We hereby give My/Our consent. / *Saya/Kami telah memberi/akan memberi lampiran Borang Laporan Perubatan kepada doktor yang merawat tersebut di atas untuk dilengkapkan dan dikembalikan secara terus kepada Syarikat di mana Saya/Kami telah memberi kebenaran Saya/Kami.*

Date / *Tarikh* D D - M M - Y Y Y Y

Signature & Chop of Participant / *Tandatangan & Cop Peserta*

NRIC No. / *No. KP*:

New / *Baru* - -

Old / *Lama*

Business Registration No. / *No. Pendaftaran Perniagaan*:

SECTION D - MEDICAL REPORT (PRIVATE & CONFIDENTIAL) / *SEKSYEN D - LAPORAN PERUBATAN (SULIT & PERSENDIRIAN)*

Certificate No. / *No. Sijil*: _____ Claim No. / *No. Tuntutan*: _____

1. a) Name of Patient / *Nama Pesakit*

b) NRIC No. / *No. Kad Pengenalan*

New / *Baru* _____ - _____ - _____

Old / *Lama* _____

c) Sex / *Jantina*: ☐ Male / *Lelaki* ☐ Female / *Perempuan*

d) Age / *Umur*: _____ years / *tahun*

e) Occupation / *Pekerjaan*

2. a) Date and Time Accident / *Tarikh dan Masa Kemalangan*

Date / *Tarikh*: D D - M M - Y Y Y Y Time / *Masa*: _____ a.m./p.m.

b) When did you first attend to the Patient after the accident? / *Bila kali pertama anda merawat Pesakit selepas kemalangan tersebut?*

c) To your knowledge, how did the accident happen? / *Berdasarkan pengetahuan anda, bagaimanakah kemalangan itu berlaku?*

3. a) Please give full details of the injury / *Sila berikan butiran lengkap mengenai kecederaan tersebut*

b) Are the injuries consistent with the circumstances of the accident as described to you? / *Adakah kecederaan konsisten dengan keadaan kemalangan yang digambarkan kepada anda?*

c) Do you have any reason to suspect that the patient was not sober at the time of accident? / *Adakah anda mempunyai sebarang sebab mengesyaki pesakit tidak sedarkan diri pada masa kemalangan?*

4. a) Are you the patient's regular medical attendant? / *Adakah anda doktor biasa bagi pesakit ini?*

☐ Yes / *Ya* ☐ No / *Tidak* If Yes, / *Jika Ya* _____

b) How long you known the patient? / *Berapa lamakah anda sudah mengenali pesakit ini?*

c) Is there any previous medical history or disablement which might have contributed to the occurrence of the accident, or which may retard/prolong recovery? *Adakah sebarang rekod perubatan yang lalu atau ketidakupayaan yang mungkin menyumbang kepada kemalangan, atau yang mungkin mencacatkan/melambatkan penyembuhan?*

d) To your knowledge, was the patient suffering from any disease or physical infinity at the time of the accident? *Berdasarkan pengetahuan anda, adakah pesakit dijangkiti penyakit atau ketiadaan fizikal pada masa kemalangan?*

5. What is the present condition of the injury? / *Apakah keadaan kecederaan sekarang?*

6. Please list the dates of your visits to the patient visit to you, since the accident / *Sila senaraikan tarikh lawatan anda kepada pesakit, selepas kemalangan*

7. a) Temporary Total Disablement (Please refer to definition 1 below) Is the claimant TOTALLY disabled or incapacitated from attending to any part of business/occupation as a result sustained in the accident / *Ketidakupayaan Keseluruhan Sementara (Sila rujuk definisi 1 di bawah) Adakah penuntut tidak berupaya atau tidak layak KESELURUHANNYA bertugas dalam perniagaan/pekerjaan akibat kemalangan* ☐ Yes / *Ya* ☐ No / *Tidak*

Date of Commencement: *Tarikh Mula:* D D - M M - Y Y Y Y

Date of cessation of TOTAL incapacity: *Tarikh akhir KESELURUHAN ketidakupayaan:* D D - M M - Y Y Y Y

b) Temporary Partial Disablement (Please refer to definition 1 below) Is the claimant PARTIALLY disabled or incapacitated from attending to any part of business/occupation as a result sustained in the accident / *Ketidakupayaan Separa Sementara (Sila rujuk definisi 1 di bawah) Adakah penuntut tidak berupaya atau tidak layak SEPARA bertugas dalam perniagaan/pekerjaan akibat kemalangan* ☐ Yes / *Ya* ☐ No / *Tidak*

Date of Commencement: *Tarikh Mula:* D D - M M - Y Y Y Y

Date of cessation of TOTAL incapacity: *Tarikh akhir KESELURUHAN ketidakupayaan:* D D - M M - Y Y Y Y

8. Remarks (Please refer to definition 1 below) / *Ulasan (Sila rujuk definisi 1 di bawah)*

PATIENT'S AUTHORIZATION / *KEBENARAN PESAKIT*

I/We hereby give My/Our consent for you to disclose all information requested by this Medical Report to CIMB Aviva Takaful Berhad.
Saya/Kami memberi izin Saya/Kami untuk anda mendedahkan semua maklumat pada Laporan Perubatan ini kepada CIMB Aviva Takaful Berhad.

Date
Tarikh D D - M M - Y Y Y Y

Signature & Stamp of Participant / *Tandatangan & Cop Peserta*

ATTENDING DOCTOR'S STATEMENT / *PENYATAAN DOKTOR YANG MEMBERI RAWATAN*

I/We hereby certify that I/We have examined the above patient and that the facts as set forth above are true to the best of my knowledge.
Saya/Kami mengesahkan bahawa Saya/Kami telah memeriksa pesakit di atas dan fakta yang diberikan di atas adalah benar berdasarkan pengetahuan saya.

Date
Tarikh D D - M M - Y Y Y Y

Signature & Stamp of Doctor / *Tandatangan & Cop Doktor*

Name / *Nama*:

Address / *Alamat*:

Postcode
Poskod

NOTES / *NOTA*

1. In case of protracted disability where the period of Temporary Total Disablement and/or Temporary Partial Disablement cannot be determined, the attending Doctor is requested to inform the Company of this fact under the answer to Question 8 to be allowed by Progress Report or Final Reports as may be requested by the Company.
   Dalam kes ketidakupayaan yang berlanjutan dimana tempoh Ketidakupayaan Keseluruhan Sementara dan/atau Ketidakupayaan Separa Sementara tidak dapat ditentukan, Doktor yang merawat akan diminta memaklumkan Syarikat mengenai fakta di bawah Soalan 8 dibenarkan oleh Laporan Kemajuan atau Laporan-laporan Terakhir yang mungkin diminta oleh Syarikat.

2. Under the answer to Question 9 the attending Doctor is requested to state: / *Dibawah jawapan ke Soalan 9 Doktor yang memberi rawatan perlu memberi kenyataan:*
   a) Whether he/she has treated the Patient throughout the entire period of disablement / *Adakah dia yang merawat Pesakit sepanjang tempoh ketidakupayaan*
   b) Any material information not covered elsewhere in this Report / *Sebarang bahan maklumat yang tidak diliputi di dalam Laporan*

DEFINITIONS / *DEFINISI*

1. **TEMPORARY TOTAL DISABLEMENT** / ***KETIDAKUPAYAAN KESELURUHAN SEMENTARA***
   The Claimant/Patient should be incapacitated from attending to any part of his/her occupation/business / *Penuntut/Pesakit mesti tidak berupaya menjalankan pekerjaan/perniagaan sendiri*

2. **TEMPORARY PARTIAL DISABLEMENT** / ***KETIDAKUPAYAAN SEPARA SEMENTARA***
   The Claimant/Patient should be incapacitated in that he/she is able to carried out only light duty in respect of his/her occupation/business / *Penuntut/Pesakit mesti tidak berupaya tetapi boleh menjalankan tanggungjawab yang ringan dalam pekerjaan/perniagaan sendiri*

BASIC DOCUMENTS REQUIRED FOR CLAIMS / *DOKUMEN-DOKUMEN ASAS YANG DIPERLUKAN UNTUK TUNTUTAN*

Non Fatal / ***Kemalangan Bukan Maut***

- Completed Claim Form / *Borang Tuntutan yang Lengkap*
- Letters of Appointment / *Surat Perlantikan*
- Identity Card / *Kad Pengenalan*
- Police Report (if any) / *Laporan Polis (jika ada)*
- Passport (for foreign workers) / *Pasport (untuk pekerja asing)*
- Medical Leave / *Sijil Cuti Sakit Asal*
- Medical Report / *Laporan perubatan*
- Original Medical Bills / *Bil-bil Perubatan Asal*
- Copy of Salary Slip / *Salinan Slip Gaji*

Fatal / ***Kemalangan Maut***

- Completed Claim Form / *Borang Tuntutan yang Lengkap*
- Police Report / *Laporan Polis*
- Letter of Administration / *Surat Pentadbiran*
- Letter of Appointment / *Surat Perlantikan*
- Identity Card / *Kad Pengenalan*
- Passport (for foreign workers) / *Pasport (untuk pekerja asing)*
- Post Mortem Report / *Laporan Bedah Siasat*
- Death Certificate / *Sijil Kematian*
- Burial Certificate / *Sijil Pengkebumian*