

Group Death Claim / Tuntutan Kematian Kumpulan

(Claimant's Statement / Penyata Pihak Menuntut)

Particular of Policy Holder / Butir-butir Pemunya Polisi

Policy No./ No. Polisi : _____ Claim No./ No. Tuntutan : _____

Policy Holder/ Pemunya Polisi : _____ Office Tel. No./ No.Tel.Pejabat : _____

Address of Policy Holder/ Alamat Pemunya Polisi : _____

Postcode/ Poskod : _____

This printed form is to be completed by the Policyholder, Bank or Nominee. If no nomination was made, this form is to be completed by the Legal Representative of the deceased. Kindly note that all certification of documents must be done either by the Commissioner of Oaths, Solicitors, Allianz's Personnel (Executive and above), or the Issuing Authority. / Borang bercetak ini harus dilengkapkan oleh Pemunya Polisi, Bank atau Penama-Penama. Sekiranya tiada penamaan dibuat, borang ini harus dilengkapkan oleh wakil undang-undang si mati.

Adalah dimaklumkan bahawa semua pengesahan dokumen mestilah dilakukan oleh Pesuruhjaya Sumpah, Peguam, Kakitangan Allianz (Eksekutif dan atas) atau Pihak Berkuasa yang mengeluarkan dokumen.

Payment Details / Butir-butir Pembayaran (Mandatory To Be Completed / Wajib Diisikan)

Payment payable to / Bayaran kepada: Employer / Majikan Nominee(s) / Penama-penama Bank * / Bank *
(* For Pro Credit Purpose / Untuk Kegunaan Pro Credit)

Cause of Claim / Sebab Tuntutan

Sickness/ Penyakit Suicide / Bunuh diri Old Age / Sakit Tua Accident/ Kemalangan Murder / Pembunuhan

Document Checklist / Senarai Semakan Dokumen

- | | |
|---|--|
| <input type="checkbox"/> Claimant's Statement/ Penyata Pihak Menuntut | <input type="checkbox"/> Attendance Record, Leave Record and Medical Certificate(s) Since Five Months Prior To Policy Effective Date / Rekod Kehadiran, Rekod Cuti dan Sijil Perubatan Sejak Lima Bulan Sebelum Tarikh Berkuatkuasa Polisi |
| <input type="checkbox"/> Death Certificate duly certified / Sijil Kematian yang disahkan | <input type="checkbox"/> Post Mortem Report, Toxicology Report and Newspaper Cutting For Accident (if available)/ Laporan Bedah Siasat, Laporan Toksikologi dan Keratan Surat Khabar Untuk Kemalangan (jika ada) |
| <input type="checkbox"/> Claimant's NRIC, duly certified * / KP Pihak Menuntut yang disahkan * | <input type="checkbox"/> Police Report (if available) / Laporan Polis (jika ada) |
| <input type="checkbox"/> Medical Report if not covered under "free cover limit" / Laporan Perubatan jika bukan dilindungi di bawah "free cover limit" | <input type="checkbox"/> Bank's Confirmation Letter on Outstanding Loan Amount (if applicable) * / Surat Pengesahan Bagi Jumlah Tunggalan Pinjaman Daripada Bank (jika berkenaan)* |
| <input type="checkbox"/> Copy of Employment Letter / Salinan Bagi Surat Lantikan | |
| <input type="checkbox"/> Deceased's Last Three Months Payslips / Slip Gaji Tiga Bulan Terakhir Si Mati | |

Note * / Nota * : Not applicable to Employee Benefit / Bukan Untuk Kebajikan Pekerja

Particulars of Life Assured / Butir-butir Orang Diinsuranskan

Name of Life Assured (same as NRIC) / Nama Orang Diinsuranskan (sama dengan KP) :

NRIC No./ No. KP (Baru) : _____ Old IC No./ No. KP (Lama) : _____ Age / Umur : _____

Passport No./ No.Pasport : _____ Gender / Jantina : _____

Tel. No./ No.Tel. : 6 _____ Mobile Phone No./ No. Tel. Bimbit : 6 _____

E-mail/ Emel : _____

Correspondance Address / Alamat Surat-Menyurat : _____

Postcode/ Poskod : _____

Marital status at time of death/ Status perkahwinan semasa kematian : Single/ Bujang Married/ Berkahwin Divorced/ Bercerai Widowed/ Janda/Duda No. of Children/ Bilangan anak-anak

Details of Employment / Butir-Butir Majikan

Employee ID./ No. Pekerja : _____ Occupation/Pekerjaan : _____ Sum Assured/ Jumlah Diinsuranskan : _____

Plan Type / Kategori Plan : _____ First Employment Date/Tarikh Mula Bekerja : ____/____/____ Last Employment Date/ Tarikh Terakhir Bekerja : ____/____/____

Last Working Status/ Status Terakhir Bekerja : Active/ Aktif Absent/ Tidak Hadir (please complete the following/ sila lengkapkan perkara berikut)

Leave Start Date/ Tarikh Bermula Cuti : ____/____/____ Leave Type/ Jenis Cuti : _____ Date HR was notified/ Tarikh HR dimaklumkan : ____/____/____

Details of Death / Butir-Butir Kematian

Date of Death/ Tarikh Kematian : ____/____/____ Cause of death/ Sebab Kematian : _____

If The Death Was Due To Accident / Sekiranya Kematian Disebabkan Oleh Kemalangan

Date of Accident/ Tarikh Kemalangan : ____/____/____ Time of Accident/ Waktu Kemalangan : _____ AM / PM

Place of Accident/ Tempat Kemalangan : _____

Briefly Descibe How It Happened/ Terangkan Secara Ringkas Bagaimana Ia Berlaku :

Head Office : Level 29, Menara Allianz Sentral, 203, Jalan Tun Sambanthan, Kuala Lumpur Sentral, 50470 Kuala Lumpur. Tel: +603-2264 1188 / 2264 0688 Fax: +603-2264 8440 (LHC) www.allianz.com.my

Customer Service Centre : Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur. Toll Free : 1-300-22-5542 Tel: +603-2264 0700 Fax: +603-2264 8499 Email: customer.service@allianz.com.my



GDC001

If The Death Was Due To Illness / Sekiranya Kematian Disebabkan Oleh PenyakitNature of Illness/ *Jenis Penyakit* :Duration of Symptoms/ *Tempoh Simptom* :Symptoms/ *Simptom* :Final Diagnosis/ *Diagnosis Terakhir* : ___/___/___**Please give details of consultation(s) / Sila berikan butir-butir rawatan**

Name / <i>Nama</i>	Consultation / <i>Rawatan</i>	Date / <i>Tarikh</i>	Address / <i>Alamat</i>

General Information / *Maklumat Umum*Please state details of policies in force with other insurance companies. / *Sila nyatakan butir-butir mengenai polisi-polisi dengan syarikat-syarikat insurans lain.*

Company / <i>Syarikat</i> :	Policy No. / <i>No. Polisi</i> :	Policy Date / <i>Tarikh Polisi</i> :	Sum Assured / <i>Jumlah Diinsuranskan</i> :

Particular of Claimant / *Butir-butir Pihak Menuntut*

Name / <i>Nama</i>	NRIC No. / <i>No. KP Baru</i>	Address / <i>Alamat</i> :	Tel No. & Mobile No. / <i>No. Tel & No. Tel. Bimbit</i>	E-mail / <i>E-mel</i>	Relationship with Deceased / <i>Hubungan dengan Si Mati</i>

Declaration & Authorisation by Policy Holder/Claimant / *Pengisytiharan & Kebenaran oleh Pemunya Polisi /Pihak Menuntut*

I/We, the undersigned, declare that the information given in this form is true and correct. I/We agree that the written statement of all the physicians who attended to or treated the deceased Life Assured, and all papers furnished in support of this claim shall form a part of these proofs of death and further agree that the furnishing of this form or any other forms supplemental thereto or any acts of enquiry or investigation by ALLIANZ LIFE INSURANCE MALAYSIA BERHAD ("Company") shall not be considered an admission by it that there was an assurance in force on the life in question nor a waiver of any of its right or defences. I/We, the undersigned, having read and understood the contents authorise any physician, hospital, clinic or insurance company or other organizations, institutions or persons that have knowledge of the deceased Life Assured or records in respect of, including but not limited to, my/the Life Assured's health, employment records or claims history to disclose to the Company or its representative any and all such information. I/We expressly waive on behalf of the deceased Life Assured, all provisions of law forbidding any physician or surgeon from disclosing any information acquired while attending to the deceased Life Assured in a professional capacity. This authorisation shall irrevocably bind my/ our successors and assignees and remain valid, regardless my/our death or incapacity and a copy of this shall be as effective and valid as the original.

Saya/ Kami, yang bertandatangan di bawah ini mengisytiharkan bahawa maklumat yang diberikan di dalam borang ini adalah benar dan betul. Saya/Kami bersetuju bahawa pernyataan bertulis oleh semua doktor yang memerhati/merawat Orang Diinsuranskan dan semua dokumen yang diberikan sebagai sokongan tuntutan ini akan menjadi sah di sisi undang-undang dan dengan ini dijadikan sebahagian daripada bukti-bukti kematian dan seterusnya bersetuju bahawa borang yang dilengkapi ini dan borang-borang sampingan atau apa-apa tindakan pertanyaan atau siasatan oleh ALLIANZ LIFE INSURANCE MALAYSIA BERHAD ("Syarikat") tidak boleh dianggap sebagai pengakuan terdapat insurans yang berkuatkuasa mengenai hayat yang diperkatakan atau pelepasan sebarang hak atau pembelaan oleh Syarikat. Saya/Kami, yang bertandatangan di bawah ini, setelah membaca dan memahami kandungan dengan ini membenarkan sebarang doktor, pihak hospital, klinik atau syarikat insurans atau lain-lain organisasi, institusi atau orang perseorangan yang mempunyai pengetahuan tentang saya/ Orang Diinsuranskan atau rekod mengenai, termasuk tetapi bukan terhad kepada, kesihatan, rekod majikan atau sejarah tuntutan, untuk mendedahkan kepada Syarikat tersebut atau wakilnya tentang sebarang dan keseluruhan maklumat tersebut. Saya/Kami secara nyata mengeneppikan hak bagi pihak diri saya/Orang Diinsuranskan atau sesiapa yang mempunyai sebarang tuntutan atau kepentingan dalam sebarang polisi yang dikeluarkan, ke atas semua peruntukan undang-undang yang melarang doctor atau pakar bedah daripada memberi sebarang maklumat yang diperolehi semasa merawat saya/Orang Diinsuranskan ketika menjalankan tugas sebagai profesional. Kebenaran ini mengikat dan tidak boleh dibatal oleh waris dan penerima serah hak dan masih kekal, tanpa mengira kematian atau ketidakupayaan saya/Orang Diinsuranskan dan salinan kebenaran ini dianggap sebagai sah dan berkesan seperti dokumen asal.

Signature of Claimant / *Tandatangan Pihak Menuntut*Date / *Tarikh* :Name / *Nama* :NRIC No. / *No. KP (Baru)* :Date / *Tarikh* :Signature of Witness / *Tandatangan Saksi*Name / *Nama* :NRIC No. / *No. KP (Baru)* :Tel. No. / *No. Tel.* :Date / *Tarikh* :

Authorised Signatory of Employer / Bank /

*Tandatangan Majikan / Bank*Name / *Nama* :Designation / *Jawatan* :Department / *Jabatan* :Date / *Tarikh* :Company Stamp / *Cop Syarikat***Head Office :**

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Updating of e-Invoice Details

Allianz Customer Service Centre

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Head Office

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Website : allianz.com.my

Please complete the details in this form

Policy Holder
(Company Name)

(As per Certification of Incorporation issued by SSM. For Corporate Policyholder = Master Policyholder / Subsidiary)

Declaration to comply with relevant requirements

By submitting this form, the Policy Holder agrees to disclose and allow the disclosure of the personal and company information ("Relevant Information") collected and processed by the Company to any local and/or foreign regulatory or government authority in any jurisdiction including any self-regulated association/body of which the Company is a member ("Relevant Authorities") that the Company is obliged to comply with or to meet the requirements of the laws, regulations, guidelines or terms of an agreement with such Relevant Authorities that is in force or may be declared to be in force and as amended from time to time ("Relevant Requirements").

Tax Identification Number (TIN)

This unique number can be obtained from MyTax Portal at <https://mytax.hasil.gov.my>

Business Registration Number

Taxpayer that registered with the Companies Commission of Malaysia (SSM) is required to provide the 12-digit registration number, while taxpayer that registered with other authority/body is required to provide the relevant registration number

Mailing Address (Mandatory)

Office Phone / Mobile Phone Number

(Mandatory)

Email Address

(Mandatory)

Sales & Service Tax Number (SST)

Mandatory for SST registrant

Sales & Service Tax Effective Date

Applicable for SST registrant

Sales & Service Tax Resident Status

Applicable for SST registrant

Resident

Non-Resident



EID002



Allianz Life Insurance Malaysia Berhad 198301008983 (104248-X)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

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Signature of policy holder

Signed on _____ / _____ / _____
Day Month Year

Signed by _____
Policy Holder (Authorised Signatory)

Company Stamp

Collection of Information for E-Invoice

The implementation of e-Invoice for Allianz is on 1st August 2024. To facilitate the e-Invoice issuance / self-billed requirements, we seek your assistance to provide the information required as the above. Should you have any questions, please reach out to your respective sales personnel.