



Collection station Cheque Collection station

Claimant's Statement – Death Claim



Policy No.

Agent Name: _____ Agent Handphone No. (for SMS): _____

Agent Code Agency Name: _____ Agency Code
Agency Webmail Address: _____

Name of Assured: _____

NRIC No: _____ Sex: Male Female Age: _____ Contact Phone No: _____

Correspondence Address: _____

I. Information Of Deceased

(1) Numbers of policies in this company and Amount (RM)
Policy No. Amount (RM)

(2) Deceased's residential address at time of death

(3) Last date of working: _____ (DD/MM/YYYY) (4) Occupation at time of death: _____

(5) Name of employer and Contact No.: _____ (6) Address of employer: _____

(7) (a) Date, time and place of death: _____ A.M. Place: _____
(DD/MM/YYYY) HR MIN P.M. _____

(b) Cause of death: _____

(8) To be COMPLETED ONLY if cause of death is due to: Accident. Suicide.

(a) Date, time and place of accident / event: _____ A.M. Place: _____
(DD/MM/YYYY) HR MIN P.M. _____

(b) Details of accident / event, how it happened and what was the Deceased doing at the time.

(9) (a) When did the Deceased first complain of, or give other indications of his last illness? _____ (DD/MM/YYYY)

(b) When did the Deceased first consult a physician for his last illness? _____ (DD/MM/YYYY)

(10) Was an inquest or post-mortem examination held on the body? If "Yes", please furnish certified copy of verdict or findings. Yes No

(11) Name(s) and address(es) of all physician(s) who attended to the Deceased during the last illness and during three years prior thereto:

Names of Doctors / Hospitals Addresses Dates of Attendance (DD/MM/YYYY) Diseases or Conditions

(12) Life Insurance Amount Covered by Other Companies:

Names of Insurance Companies Policy No. Effective Dates (DD/MM/YYYY) Amount of Benefits(RM)

II. Information Of Claimant

(13) Name in Full:

(14) Sex: Male Female

(15) NRIC No.

(16) Date of Birth: _____ (DD/MM/YYYY)

(17) Age:

(18) Correspondence Address:

19) Handphone No.: _____

_____ (20) Email Address: _____

(21) Relationship with the Deceased:

(22) Deceased's marital status: Married Single
at the time of death

(23) Did the deceased leave a will? Yes No

Goods and Services Tax (GST) Information

1. Is Assured GST Registered?

Yes GST Registration Number _____ No
Registration Date _____

*Note: If questions above are unanswered, AIA Bhd. will follow your existing records with the company

AIA Bhd. shall rely on the above information provided by you for tax credit purposes provided under the Goods and Services Tax (GST) Act 2014. AIA Bhd. shall not be liable for any liability, fine, charge or penalty as a result of relying on the incorrect information. Should any action be taken against AIA Bhd. and/or penalties be imposed on AIA Bhd. by any tax authority for relying on the same, AIA Bhd. reserves its right to be indemnified by you to the fullest extent permitted by law and any liability arising from your incorrect advice shall be payable by you.

Declaration and Authorization

I/We declare that the answers given are true and complete to the best of my/our knowledge and belief.

I/We undersigned, understand the delivery of this form is in no way an admission of AIA Bhd.'s liability of my/our claim and agree that payment of this claim or payment based on agency recommendations shall not be construed as final admission of AIA Bhd.'s liability of this and any further claims arising and AIA Bhd. reserve full rights for the appropriate evaluation or action where necessary.

I/We, the undersigned(s) hereby irrevocably authorize any organization, institution, or individual that has any records or knowledge of my/our health and medical history or treatment or advise and that has been or may hereafter be consulted to disclose to AIA Bhd. or its representative such information.

I/We understand and agree that any personal information collected or held by AIA Bhd. (whether contained in this application or otherwise obtained) may be held, used and disclosed by AIA Bhd. to individuals/ organization related to and associated with AIA Bhd. or any selected third party (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations/ federations) for the purpose of processing this application and providing subsequent service for this and other financial products and service and to communicate with me/us for such purposes. I/We understand that I/We have a right to obtain access to and to request correction of any personal information held by AIA Bhd. concerning me/us. Such request can be made to any of AIA Bhd.'s Customer Service Centre.

This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our death or incapacity in so far as legally possible. A photocopy of this authorization or claim form shall be as valid as the original and can be used for my/our further claims

IMPORTANT NOTICE:

Claims' payment is advisable to be made via e-Payment. This is in line with BNM's directive towards electronic fund transfer that is faster, safer and more convenient. Please ensure the completed Direct Credit Instruction Form AND the required supporting documents are submitted to AIA Bhd. to avoid any delay in payment for this and/or future claims. However, in the event where e-Payment facility cannot be made, the Claims' cheque will be sent to the agent or Claimant's address, as stated in the claim form.

Direct Credit Instruction Form and supporting documents are :

- submitted with this claim
 submitted earlier to AIA Bhd.

FATCA DECLARATION

I declare and agree on behalf of myself and any person or persons, firm or corporation, who may have or claim any interest in any insurance on this application, that:-

a. U.S Person Declaration & Change of Circumstances

I/We hereby declare that I/We am/are not a "U.S. person" for U.S. federal income tax purposes and that I/We am/are not acting for, or on behalf of, a U.S. person. I/We understand that AIA, believing this statement to be true, will rely on it and act on it. In the event this statement is false, any policy issued may be considered void in which case AIA shall notify me/us and repay the premiums less reasonable charges and policy withdrawals. In view that this is a fundamental term, AIA shall be entitled to cancel this Policy and pay reasonable compensation to me/us in consideration of such termination.

I/We agree to notify AIA within thirty days of any change in my status as U.S. person for the purposes of U.S. federal income tax.

(Please note that on the making an application for insurance, U.S. persons or residents must complete an IRS Form W-9).

*Note: A false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law.

Account Holders who have or may have U.S. Indicia:

*Note: The below paragraph applies only to:

- (i) U.S. persons for U.S. federal income tax purposes; or
- (ii) If your tax status changes and you become a U.S. Person; or
- (iii) You or beneficiaries in connection with this Policy have indicated through information provided to us that you or such Beneficiary may be in fact a U.S. person for U.S. federal income tax purposes (including for example a U.S. address, a U.S. telephone number, a TIN etc.)

The term "U.S. Indicia" as used below refers to any of the three circumstances described in (i) to (iii) above.

This is a fundamental term and in the event you have U.S. Indicia and fail after request to provide such information, consent and/or assistance as AIA may from time to time reasonably require to allow it to comply with its contractual, legal and/or regulatory obligations under the United States Foreign Account Tax Compliance Act, including any required reporting to the Internal Revenue Service of information relating to you or Beneficiaries in connection with this Policy, AIA reserves the right and shall be entitled to take the necessary action which may include submitting the necessary reports, suspending your account/policy, withholding the necessary monies to be remitted, terminating this Policy and returning the cash value (if any) less any indebtedness without interest in the event of such termination.

b. FATCA Data Privacy Waiver (applicable to both individuals and corporates)

"AIA and its affiliates ("the Group") are subject to and required to, or have agreed to, comply with certain legal, regulatory and/or other requirements (the "Reporting Requirements"). As such, I/we provide our express consent that AIA shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and/or any other person(s) in respect of the Reporting Requirements. I/We understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the Owner, the Contingent Owner, the Insured, and the Beneficiaries ("the Parties"), or any of them; ii) any information relating to this Policy; and iii) any information relating to any other policies held by the Parties or any of them. I/We understand that AIA will not be able to sell any insurance product to me/us and provide any service if I/we refuse to give the said express consent."

Note: Please take note that AIA will not be able to process this application without your consent to the above.

c. I/We understand and agree that any personal information collected or held by AIA (whether contained in this application or otherwise obtained) may be held, used and disclosed by AIA to individuals/organisation related to and associated with AIA or any selected third party (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations/federations) for the purpose of processing this application and providing subsequent service for this and other financial products and service and to communicate with me/us for such purposes. I/We understand that I/We have a right to obtain access to and to request correction of any personal information held by AIA concerning me/us. Such request can be made to any of the AIA Customer Service Centre.

I / We hereby authorize : _____ NRIC No.: _____

of Agency / Relationship _____ Contact No: _____ to service my / our claim.

Signature of Witness : _____ Signature of Claimant : _____

Name : _____ Name : _____

NRIC No : _____ NRIC No : _____

Date (DD/MM/YYYY) : _____ Date (DD/MM/YYYY) : _____

Checklist: This is only for point-of-submission reference of basic and supporting requirement for the claim. AIA Bhd. reserves the right to request for other relevant document and information or to view the original of copied document submitted whenever necessary. Upon full completion of this statement, please return together with the following documents (non original documents must be certified as true copy):

(A) For Incontestable Death (Natural death)

- (1) Claim Form
- (2) Death Certificate
- (3) Original policy contract/Bond of Indemnity
- (4) Proof of claimant's relationship to deceased
- (5) Claimant's IC
- (6) JPN letter (For death outside of Malaysia)

(B) For Accidental Death where policy has accident rider / PA policy

- (1) All of Item (A)
- (2) Post-mortem report & Toxicology report / Perakuan mengenai sebab-sebab kematian
- (3) Police report(s)
- (4) Newspaper cutting (if any)
- (5) Burial certificate

(C) For Contestable Death occurring less than 2 years after

- (1) All of Item (A) or (B)
- (2) Attending Physician's Statement-Death
- (3) 5 copies of Consent form