AIA PUBLIC TAKAFUL

Claimant's Statement – Total & Permanent Disability Claim
To be completed by Person Covered/Claimant

Collection station ☐☐ Cheque Collection station ☐☐

K3008131

Certificate No. ☐☐☐☐☐☐☐☐☐☐

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

Agent Code ☐☐☐☐☐☐☐☐ Agency Name: _____

Agency Webmail Address: _____ Agency Code ☐☐☐☐☐

Name of Person Covered: _____

IC No: _____ Gender: ☐ Male ☐ Female Age: _____ Handphone No: _____

Correspondence Address: _____

_____ Email Address: _____

	Prior to Suffering from Disability	Current Employment Status
1. Occupation.	1. _____	_____
2. (a) Please describe in detail the exact duties performed.	2. (a) _____ _____	_____ _____
(b) Your monthly income	(b) _____	_____
3. Name and address of business or employer.	3. _____ _____ Contact Phone No.: _____	_____ _____ Contact Phone No.: _____
4 (a) Date you last worked (if you are not currently employed)?	4. (a) _____ (MM/DD/YYYY)	
(b) Date you returned to work (if "No", please give expected date of return)	(b) _____ (MM/DD/YYYY)	
(c) Are you currently confined to:-	(c) ☐ Bed-Ridden ☐ Wheel Chair Bound ☐ House ☐ Able to Walk with Aids ☐ Able to Walk without Aids	
5. Your education background		
6. Previous employment details (Please provide year, position & main duties)	Year Position Main Duties _____ _____	
7. Are you medically boarded out (MBO)?	☐ Yes, please submit the following :- ☐ No (i) Letter from Employer / SOSCO (ii) Medical report for MBO	

I. Please complete if disability was due to an accident

8. (a) Date and Time of Accident.	8 (a). _____ (MM/DD/YYYY) _____ Hour _____ Minute ☐ A.M. ☐ P.M.
(b) Where and how did it happen?	(b) _____ _____
(c) Part of body injured and type of injury.	(c) _____ _____

II. Please complete if disability was due to Illness

9. (a) Indicate the illness and give a brief description of symptoms.	9. (a) _____
(b) Date symptoms started and how long had Person Covered been having these symptoms prior to the first consultation?	(b) _____ (MM/DD/YYYY)
(c) Give details of consultation. i) The doctor first consulted for this illness.	(c) i) _____ (MM/DD/YYYY)
ii) The doctor who referred the Person Covered to hospital.	ii) _____

10. Names and addresses of your regular physicians and any other doctors consulted for any other disorder in the past 3 years.

Names	Reasons for Consultation	Address
(a)		
(b)		
(c)		

11. Are you currently covered for disability benefit with any other Takaful Operator / Insurance Company? If "Yes", please provide the information as below.

Names of Takaful Operator / Insurance Company	Certificate / Policy No.	Effective Dates (MM/DD/YYYY)	Amount of Benefits (RM)
(a)			
(b)			
(c)			

Goods and Services Tax (GST) Information

1. Are you GST Registered?

☐ Yes GST Registration Number _____ ☐ No
Registration Date _____

Note: If the question above is unanswered, AIA PUBLIC Takaful Bhd. (AIA PUBLIC) will follow your existing records.

AIA PUBLIC shall rely on the above information provided by you for tax credit purposes provided under the GST Act 2014. AIA PUBLIC 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 PUBLIC and/or penalties be imposed on AIA PUBLIC by any tax authority for relying on the same, AIA PUBLIC 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 above 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 PUBLIC, 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 PUBLIC's liability of this and any further claims arising and AIA PUBLIC reserve full rights for the appropriate evaluation or action where necessary.

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

I/We understand and agree that any personal information collected or held by AIA PUBLIC (whether contained in this application or otherwise obtained) may be held, used and disclosed by AIA PUBLIC to individuals/organization related to and associated with AIA PUBLIC or any selected third party (within or outside of Malaysia, including retakaful 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 PUBLIC concerning me/us. Such request can be made to any of AIA 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 Bank Negara Malaysia (BNM) directive towards electronic fund transfer that is faster, safer and more convenient. Please ensure that the completed Direct Credit Instruction Form AND the required supporting documents are submitted to AIA PUBLIC to avoid any delay in payment for this and/or future claim(s). However, in the event where e-Payment facility cannot be used, cheque will be sent to the agent or the Claimant's address, as stated in the claim form.

Direct Credit Instruction Form and supporting documents :

☐ are submitted with this claim ☐ have been submitted earlier to AIA PUBLIC

Checklist: This is only for point-of-submission reference of basic and supporting requirement for the claim. AIA PUBLIC 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) TPD due to Illness

(1) Claim Form
(2) Attending Physician's Statement - TPD
(3) NRIC of Person Covered
(4) All Medical Test Results including MRI/CT scan, Dialysis card etc.
(5) Medically Boarded Out letter from Employer with medical report / letter from SOCSO.
(6) 5 copies of Consent Form & Patient's Appointment card.
(7) Original Certificates contract.
(8) NRIC of Claimant (if claimant is other than the Person Covered)
(9) Full length photograph of Person Covered (for loss / amputation/bed-ridden)

(B) TPD due to Accident

(1) All of Item (A).
(2) Police report(s).
(3) Newspaper cutting (if any).

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 takaful coverage on this application, that:-

a. U.S Person Declaration & Change of Circumstances

☐ I/We hereby declare that I am/We 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 PUBLIC, believing this statement to be true, will rely on it and act on it. In the event this statement is false, any Certificate issued may be considered void in which case AIA PUBLIC shall notify me/us and repay the contribution less reasonable charges and certificate withdrawals. In view that this is a fundamental term, AIA PUBLIC shall be entitled to cancel this Certificate and pay reasonable compensation to me/us in consideration of such termination.

I/We agree to notify AIA PUBLIC within 30 days of any change in my/our status as U.S. person for the purposes of U.S. federal income tax.

(Please note that on the making an application for Takaful, 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 Certificate have indicated through information provided to AIA PUBLIC 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 3 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 PUBLIC 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 Certificate, AIA PUBLIC reserves the right and shall be entitled to take the necessary action which may include submitting the necessary reports, suspending your account/certificate, withholding the necessary monies to be remitted, terminating this Certificate and returning the cash value (if any) less any indebtedness without interest or profit in the event of such termination.

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

☐ AIA PUBLIC 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 my/our express consent that AIA PUBLIC 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 Participant/ Certificate Owner, the Contingent Owner, the Person Covered, and the Beneficiaries ("the Parties"), or any of them; ii) any information relating to this Certificate; and iii) any information relating to any other certificates held by the Parties or any of them. I/We understand that AIA PUBLIC will not be able to promote any Takaful product to me/us and provide any service if I/we refuse to give the said express consent.

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

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

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

Sign on _____ (MM/DD/YYYY)

_____	_____	_____
Signature of Witness	Signature of Person Covered	Signature of Claimant
Name: _____	Name: _____	Name: _____
IC No: _____	IC No: _____	IC No: _____