

NOTIFICATION OF DEATH CLAIM

Name: _____

Address: _____

Tel No.: _____

(Person who notified the death)

Claims Department
Menara Great Eastern
303 Jalan Ampang
50450 Kuala Lumpur
No. Tel: +603 4259 8338
No. Fax: +603 4259 8808

Dear Sirs,

CERTIFICATE NO.: _____

NRIC NO.: _____

PARTICIPANT PERSON COVERED : _____ (Deceased)

DATE OF NOTIFICATION OF DEATH : * _____ *

The above named regrets to inform that the named Person Covered had passed away on _____ due to
_____ (cause of death).

Yours faithfully,

Date: _____

PEMBERITAHUAN TUNTUTAN KEMATIAN

Nama: _____
Alamat: _____

No. Tel: _____
(Orang yang memberitahu kematian)

Jabatan Tuntutan
Menara Great Eastern
303 Jalan Ampang
50450 Kuala Lumpur
No. Tel: +603 4259 8338
No. Fax: +603 4259 8808

Tuan,

NO. SIJIL: _____
NO. K/P: _____
ORANG YANG DILINDUNGI : _____ (Si Mati)
TARIKH PEMBERITAHUAN KEMATIAN : * _____ *

Dukacita dimaklumkan bahawa Orang yang Dilindungi di atas telah meninggal dunia pada _____ kerana
_____ (sebab kematian).

Yang benar,

Tarikh: _____