

**Great Eastern Takaful Berhad (916257-H)**

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**ACCIDENTAL DEATH BENEFITS CLAIM**

CLAIMS DEPARTMENT  
303 JALAN AMPANG  
50450 KUALA LUMPUR

1. This form may be completed by the Police (if a report has been made or the accident is investigated) or by the hospital / doctor who attended to the emergency as result of the accident.
2. A Post Mortem or Autopsy report is required to be submitted with this claim.
3. Any costs incurred in completing this form is borne by the claimant.

**Please complete this form as fully as possible. Your kind assistance will expedite the claim processing.**

Certificate No.:

1. Name of Deceased \_\_\_\_\_ NRIC No. \_\_\_\_\_

2. Date & Time of Accident \_\_\_\_\_

3. Nature of the Accident (please tick only one):-

- |   |  |
|---|--|
| <input type="checkbox"/> Road Traffic Accident          | <input type="checkbox"/> Fall From Height / Building   |
| <input type="checkbox"/> Drowning                       | <input type="checkbox"/> Industrial / Accident At Work |
| <input type="checkbox"/> Fire                           | <input type="checkbox"/> Air / Rail / Ship Disaster    |
| <input type="checkbox"/> Explosion                      | <input type="checkbox"/> Sports Related                |
| <input type="checkbox"/> Others : Please describe _____ |  |

4. How did the accident happen?  
\_\_\_\_\_  
\_\_\_\_\_

5. Was the Deceased suspected to be under the influence of any alcohol or drugs?  YES  NO

If Yes, was there any sample of urine or blood sent for further test?  YES  NO

6. If your opinion / investigation, do you think that death resulted from the accident?  YES  NO

If No, what do you think was the cause of death? Please detail  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please provide us with any other additional information about the accident or Deceased that you may is relevant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Official Stamp \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Qualifications / Rank: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TUNTUTAN MANFAAT KEMATIAN AKIBAT KEMALANGAN**

JABATAN TUNTUTAN  
303 JALAN AMPANG  
50450 KUALA LUMPUR

1. Borang ini hendaklah dilengkapkan oleh Polis (Sekiranya laporan polis telah dibuat atau kes kemalangan sedang dalam penyiasatan) atau oleh pihak hospital/doktor yang memberi rawatan kecemasan semasa kemalangan.
2. Laporan Bedah siasat atau Autopsi perlu disertakan bersama borang tuntutan ini.
3. Sebarang kos yang timbul untuk melengkapkan borang ini akan ditanggung oleh penuntut.

**Sila lengkapkan borang ini sebaik mungkin. Kerjasama anda akan mempercepatkan proses tuntutan.**

No. Sijil:

1. Nama Si Mati No. Kad Pengenalan

2. Tarikh & Masa Kemalangan

3. Bentuk Kemalangan (Sila tandakan satu sahaja):-

- |   |  |
|---|--|
| <input type="checkbox"/> Kemalangan Trafik Jalan Raya | <input type="checkbox"/> Jatuh dari tempat tinggi / bangunan   |
| <input type="checkbox"/> Mati Lemas                   | <input type="checkbox"/> Kemalangan Industri / Di tempat kerja |
| <input type="checkbox"/> Kebakaran                    | <input type="checkbox"/> Kemalangan Udara / Keretapi / Kapal   |
| <input type="checkbox"/> Letupan                      | <input type="checkbox"/> Semasa bersukan                       |
| <input type="checkbox"/> Lain-lain : Sila nyatakan    |  |

4. Bagaimana kemalangan berlaku?  
\_\_\_\_\_

5. Adakah Si Mati disyaki di bawah pengaruh alkohol / dadah?  YA  TIDAK

*Sekiranya "Ya", adakah contoh air kencing atau darah dihantar untuk ujian lanjut?*  YA  TIDAK

6. Pada pendapat / dari penyiasatan anda, adakah kematian Si Mati berpunca dari kemalangan?  YA  TIDAK

*Sekiranya "Tidak", pada pendapat anda, apakah yang menyebabkan kematian ini?*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Sila berikan kami maklumat tambahan yang relevan mengenai kemalangan atau mengenai Si Mati jika ada.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Tandatangan & Cop Rasmi

\_\_\_\_\_  
No. Telefon:

\_\_\_\_\_  
Nama:

\_\_\_\_\_  
Tarikh:

\_\_\_\_\_  
Kelayakan / Pangkat:

\_\_\_\_\_  
\_\_\_\_\_