

Notice:

1. Being furnished or acknowledgment receipt of this claim form by the Company does not amount to admission of liability.
2. This claim form is furnished or acknowledged on a without prejudice basis.
3. This form is to be completed by an authorized personnel of the Policyholder.
4. The Claimant's Statement is to be completed by the Insured Person and in the case of a death claim, by the next-of-kin of the deceased Insured Person.
5. The "Company" herein refers to Gibraltar BSN Life Berhad



Gibraltar BSN

A refreshing approach to life insurance

POLICYHOLDER'S STATEMENT

(To be completed by an Authorized Personnel of the Policyholder)

Policy and Insured Person's Details

Policy No.		Name of Policyholder	
Name of Insured Person		NRIC No. of Insured Person	
Occupation of Insured Person		Address of Insured Person	

Please tick the relevant box : Death Total & Permanent Disability Critical Illness /Terminal Illness

- Certificate No. _____ (For MRTA)
- Sum Insured **RM** _____ (For Group Term Life / ODLA)
- Credit Card No. _____ (For Credit Shield)
- Balance outstanding **RM** _____ (on date of death/critical/terminal illness diagnosis/date of disability)

** Enclose the original certificate of insurance / certified true copy of credit card statement.*

Claim Details

i. Date of Death* /Total & Permanent Disability		Cause of Death* / Total & Permanent Disability	<i>*Please enclose a certified true copy of the death certificate.</i>
ii. Date of diagnosis of Critical/Terminal Illness		What is the diagnosis of Critical/Terminal Illness ?	

Declaration

I, _____ (NRIC No. : _____) the _____ (designation) of the abovenamed Policyholder hereby state that I am duly authorized to execute this document and declare that the information provided above is wholly true based on the documents before me and/or presented before me.

Dated this day _____ of the month _____ 20 _____

Official Stamp:-

Signature of Authorised Personnel

Gibraltar BSN Life Berhad [277714-A]

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