

- 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. The Authorization 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.
 4. Doubtful claims and claims submitted within 24 months from policy commencement date will be subjected to investigation
 5. Accidental Death benefit will be determined at point of claims assessment
 6. The "Company" herein refers to Gibraltar BSN Life Berhad



Gibraltar BSN
A refreshing approach to life insurance

POLICYHOLDER'S NOTIFICATION/STATEMENT FORM
(To be completed by the BSN Bank Officer)

Please tick the relevant box.

Type of products: MRTA RTA Don't Worry Credit Shield

Type of claim: Death Total & Permanent Disability

Policy and Insured's Details

Policy/ Certificate No.		Name of Policyholder	BANK SIMPANAN NASIONAL
Name of Insured		NRIC No. of Insured	
Address of Insured			

Claim Details

Date of Death* / Total & Permanent Disability		Cause of Death* / Total & Permanent Disability	
What is the diagnosis of Critical Illness?			

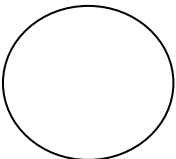
**Please enclose a certified true copy of the Death Certificate.*

E-Payment Details

The claim proceed will be e-pay to the account indicated:

Bank Account No	
Account Holder's Name	

**You will be notified with payment letter on the payment settlement*

Declaration	Authorization
<p>I, _____ (NRIC No: _____), the _____ (designation) of the above named 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.</p> <p>For E-payment, I affirm that the information in this form is correct as at the date of form. I irrevocably consent to facilitate to the disclosure by The Company of the bank information to facilitate payment of all claim-refund that may be due to us.</p> <p>Dated this day ____ of the month _____ 20 ____</p> <p align="center"></p> <p>..... Signature of Authorized Personnel</p>	<p>I, _____ (NRIC No. : _____) hereby in my capacity as:</p> <p><input type="checkbox"/> the Insured <input type="checkbox"/> the Next of Kin give consent to:</p> <ol style="list-style-type: none"> 1. The Company to hold, use or disclose my/the deceased personal information to any hospital, clinic, physician, specialist, insurance or reinsurance companies, professional adviser or bodies, Life Insurance Association of Malaysia, Financial Mediation Bureau, Insurance Services of Malaysia, organization, institution or person(s) and authorized agents or representatives for the purpose of processing this form 2. Any hospital, clinic, physician, specialist, insurance or reinsurance companies, professional adviser or bodies, Life Insurance Association of Malaysia, Financial Mediation Bureau, Insurance Services of Malaysia, organization, institution or person(s) and authorized agents or representatives to hold, use or disclose my/the deceased personal information to the Company and/or its authorized representatives for the purpose of processing this form. <p>..... Signature of Insured /Next of Kin</p>

Gibraltar BSN Life Berhad [277714-A]

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