



NOTICE :

- Being furnished or acknowledgment receipt of this form by the Company does not amount to admission of liability.
- This form is furnished or acknowledged on a without prejudice basis.
- The "Company" herein refers to "Gibraltar BSN Life Berhad"

To: _____

Date: _____

Dear Sir/Madam,
NAME OF PATIENT:

AUTHORIZATION TO OBTAIN MEDICAL HISTORY REPORT AND OTHER INFORMATION

The above named was treated at your Hospital as an inpatient/outpatient during the period of _____ to _____.

In connection with the insurance claim which I have submitted to the Company, I, _____

(NRIC No. : _____) hereby in my capacity as the :

- Claimant
- Deceased's next-of-kin

to give consent to:

1. The Company to hold, use or disclose my/deceased's 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 / deceased's personal information to the Company and/or its authorized representatives for the purpose of processing this form.

Signature of Life Assured / Claimant
Name:
NRIC No.:
Tel. No.:
Address:

Signature of Witness
Name:
NRIC No.:
Tel. No.:
Address:

Signature of Deceased Next-of-kin
Name:
NRIC No.:
Tel. No.:
Address:

Signature of Witness
Name:
NRIC No.:
Tel. No.:
Address:

Relationship to Deceased *:
 * For Death Claim only

**NOTIS :**

- Pengemukakan atau pengesahan penerimaan borang ini oleh pihak Syarikat tidak dimaksudkan sebagai pengakuan liabiliti.
- Borang ini dikemukakan atau diterima tanpa prasangka.
- Pihak "Syarikat" merujuk kepada "Gibraltar BSN Life Berhad"

Kepada: _____

Tarikh : _____

Tuan/Puan,
NAMA PESAKIT:

PEMBERIAN KUASA UNTUK MEMPEROLEHI LAPORAN SEJARAH PERUBATAN DAN MAKLUMAT LAIN

Penama yang tersebut di atas telah menerima rawatan di hospital tuan/puan sebagai pesakit dalam / pesakit luar untuk tempoh _____ hingga _____. Berhubung dengan tuntutan insurans yang telah saya serahkan kepada pihak Syarikat, saya, _____ No. K/P : _____) sebagai :

Pihak Menuntut

Waris Simati

memberi kebenaran kepada:

1. Pihak Syarikat until memegang, menggunakan atau mendedahkan maklumat peribadi saya/simati kepada mana-mana hospital, klinik, pegawai perubatan, doctor pakar, syarikat insurans atau insurans semula, penasihat atau badan profesional, Persatuan Insurans Hayat Malaysia, Biro Pengantaraan Kewangan, Insurance Services Malaysia Berhad, organisasi, institusi atau pihak dan ejen-ejen berdaftar atau wakil-wakil bagi tujuan pemprosesan permohonan ini.
2. Mana-mana hospital, klinik, pegawai perubatan, pakar perubatan, syarikat insurans atau insurans semula, penasihat atau badan profesional, Persatuan Insurans Hayat Malaysia, Biro Pengantaraan Kewangan, Insurance Services Malaysia Berhad, organisasi, institusi atau pihak dan ejen-ejen yang dibenarkan atau wakil-wakil untuk memegang, menggunakan atau mendedahkan maklumat peribadi saya/simati kepada Pihak Syarikat dan/atau wakil-wakil berdaftar bagi tujuan pemprosesan permohonan ini.

Tandatangan Orang yang Diinsuranskan / Pihak Menuntut

Nama:

No. KP:

No. Tel.:

Alamat:

Tandatangan Saksi

Nama:

No. KP:

No. Tel.:

Alamat:

Tandatangan Waris Simati

Nama:

No. KP:

No. Tel.:

Alamat:

Tandatangan Saksi

Nama:

No. KP:

No. Tel.:

Alamat:

Hubungan dengan Simati *:

* Bagi Tuntutan Kematian sahaja