Gibraltar BSN

NOTICE OF CLAIM

Policy and Insured Member's Details		
Policy No.		
Name of Life Assured / Insured Member		
NRIC No./ Birth Certificate/ Passport No.		
Details of Claims		
Types of Claims	☐ Death ☐ Total and Permanent Disability ☐ Critical Illness ☐ Waiver of Premium / Income Benefits	☐ Hospitalisation and / or Surgical ☐ Medical ☐ Personal Accident ☐ Female Benefits / Illness
Date of Event / Date of Death		
Cause of Event / Cause of Death		
Information of Person who Notify Claims		
Name / Authorised Personnel		
Name of Bank / Employer / Group		
Relationship with Life Assured / Insured Member		
Correspondences Address		
Contact No.	HP No. : _____	
Email Address		

I, hereby declare that the information above is wholly and completely true.

_____ _____

Signature of Person Whom Notified **Date:**

Office Use Only			
Notification via	☐ Walk In Claimant	☐ Tele-Conversation	☐ Mails Delivery
	☐ Walk In Agent / Broker / Other Authorised Personnel	☐ Emails	☐ Other: _____
Forms Issued	☐ Yes ☐ No Remarks: _____		
Authorised staff	Staff's Name : _____ Date : _____ Branch stamp : _____		

Gibraltar BSN Life Berhad [277714-A]
Level 21, Mercu 2, KL Eco City, No. 3, Jalan Bangsar, 59200 Kuala Lumpur
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