



Policy No. :				
Claim No. :				
Agent Who Submits the Claim :				
Submission Branch :				
	CLAIM NOTIFIC	ATION FORM		
		ATTOW TORM		
Part I – Particulars of Event Person 1. Name :		2. I/C No.: (new)	(old)	
Part II – Particulars of Person Who Notifies the Claim		2. I/C No.: (Hew)	(old)	
1. Name:		2. I/C No.: (new)	(old)	
3. Contact No.:		4. Email address:		
5. Relationship to event person:		6. Date of notifying claim event	to HLA:	(dd/mm/yyyy)
7. Correspondence address:				
8. If there is a delay in claim notification for more than 6 months fro	om event date, p	lease state the reason:		
Part III – Nature of Event				
1. Diagnosis:				
2. Claim type:				
a) Major Claim (original sighted copy of death certificate is an essenti	tial	b) Minor Claim		
requirement at the time of notification.)				
Death TPD Dread Disea	ase	Hospital Benefit / Hospital Cash Income	Healthnet	Dismemberment
Old Age Congenital Pregnancy (Anomalies Complicatio	Care/	Hospital and Surgical	Weekly Indemnity	Hospital Benefit for Childbirth
— Disablement — Anomalies — Complicatio	1115		·	
Others. Please specify:		Others. Please specify:		
3. Date and Time of Event: (d		4. Cause of Event:		
ā	am / pm	Accidental	Non-accidental	Suicide
5. Place of Event:		6. How did accident occur?		
Part IV – Particulars of Claimant / Next of Kin 1. Name:		2. I/C No.: (new)	(old)	
3. Contact No.:		4. Email address:	(OIO)	
5. Relationship to event person:		4. Efficil dudic33.		
6. Correspondence address:				
Part V – Declaration				
I declare the above information given is correct to the best of my kno	owledge and bel	lief.		
Signature of person who notifies the claim Date(dd/mm/yyyy) :				
Hone Loope Assurance Borbad (04/12 V)				

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