



C009412030

Policy No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Agent Who Submits the Claim : \_\_\_\_\_

Submission Branch : \_\_\_\_\_

**CLAIM NOTIFICATION FORM**
**Part I – Particulars of Event Person**

1. Name :	2. I/C No.: (new) _____ (old) _____
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**Part II – Particulars of Person Who Notifies the Claim**

1. Name:	2. I/C No.: (new) _____ (old) _____
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3. Contact No.:	4. Email address:
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5. Relationship to event person:	6. Date of notifying claim event to HLA: _____ (dd/mm/yyyy)
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7. Correspondence address: \_\_\_\_\_

8. If there is a delay in claim notification for more than 6 months from event date, please state the reason: \_\_\_\_\_

**Part III – Nature of Event**

1. Diagnosis: \_\_\_\_\_

2. Claim type: a) Major Claim (original sighted copy of death certificate is an essential requirement at the time of notification.)  <input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Dread Disease  <input type="checkbox"/> Old Age Disablement <input type="checkbox"/> Congenital Anomalies <input type="checkbox"/> Pregnancy Care/Complications  <input type="checkbox"/> Others. Please specify: _____	b) Minor Claim  <input type="checkbox"/> Hospital Benefit / Hospital Cash Income <input type="checkbox"/> Healthnet <input type="checkbox"/> Dismemberment  <input type="checkbox"/> Hospital and Surgical <input type="checkbox"/> Weekly Indemnity <input type="checkbox"/> Hospital Benefit for Childbirth  <input type="checkbox"/> Others. Please specify: _____
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3. Date and Time of Event: _____ (dd/mm/yyyy) am / pm	4. Cause of Event: <input type="checkbox"/> Accidental <input type="checkbox"/> Non-accidental <input type="checkbox"/> Suicide
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5. Place of Event: _____	6. How did accident occur? _____
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**Part IV – Particulars of Claimant / Next of Kin**

1. Name:	2. I/C No.: (new) _____ (old) _____
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3. Contact No.:	4. Email address:
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5. Relationship to event person: \_\_\_\_\_

6. Correspondence address: \_\_\_\_\_

**Part V – Declaration**

I declare the above information given is correct to the best of my knowledge and belief.

 \_\_\_\_\_  
 Signature of person who notifies the claim  
 Date(dd/mm/yyyy) : \_\_\_\_\_
