HongLeong Assurance

C000412030

Claim No. : _____ Submission Branch : _____

Agent Who Submits the Claim : _____ Date Customer Informed Agent of the Claim : _____

DEATH CLAIM APPLICATION FORM

This form is to be completed by the person entitled to the policy monies.

Part I – Particulars of Policy and Policy Owner

1. Policy No.:	2. Sum Assured:
3. Name of Policy Owner:	4. I/C No.: (new) (old)
5. Contact No.:	6. Email Address:
7. Address:	

Part II – Particulars of Deceased

1. Name:	2. I/C No.: (new) (old)
3. Date first employed (dd/mm/yyyy):	4. Date last attended work (dd/mm/yyyy):
5. Last occupation prior death:	6. Name of employer:
7. Contact No. of employer:	8. Address of employer:
9. Is the deceased survived by a widow / widower? Yes ☐ No ☐	10. a) Has the deceased left behind living children? If yes, please provide number of children. Yes ☐ a) Over 18 years old : No ☐ b) Under 18 years old : b) Has the deceased left behind living parents? Yes ☐ No ☐
11. Did the deceased leave a Will? Yes ☐ No ☐	

Part III – Particulars of Death

1. Date and Time of Death (dd/mm/yyyy): am / pm	2. Place of Death:
3. Cause of Death:	
4. If the cause of death is due to or related to illness, please provide: a) Nature of illness:	5. If the cause of death is due to accident / drowning / murdered / poisoning / intoxication, please provide: a) Detailed circumstances of the incident:
b) Symptom(s) of illness:	b) Has a police report been lodged? If yes, please attach an original sighted copy. Yes ☐ No ☐
c) Date symptom(s) first noted (dd/mm/yyyy):	c) Is an inquest into the death or a post mortem on the deceased's body being conducted? If yes, please attach an original sighted copy of the verdict or findings, toxicology report and post mortem report. Yes ☐ No ☐
d) Duration of symptom(s):	

Part IV – Particulars on Doctors Consulted

	First Treatment Date (dd/mm/yyyy)	Name and Address of Doctor(s)
1. First doctor consulted for this illness.		
2. All other doctors consulted for this illness.		
3. Regular doctors.		
4. All other doctors consulted in the past five (5) years.		

Part V – Particulars on Deceased's Past Medical History

	Date of Diagnosis / Onset (dd/mm/yyyy)	Name & Address of Doctor(s) Consulted	Dates of Consultation (dd/mm/yyyy)
1. Hypertension.			
2. Diabetes Mellitus.			
3. Cardiovascular Disease.			
4. Other Illnesses / Injuries. Please specify: a) b)	a) b)	a) b)	a) b)

Part VI – Particulars on Other Policy / Policies

Name of Insurance Company	Policy No.	Policy Effective Date (dd/mm/yyyy)	Sum Assured

Part VII – Payment Instruction

1. a) ☐ By cheque. Please tick your preference on how the cheque should be channelled to you.

   ☐ To be collected at our HLA branch. : _____ (location of branch)

   ☐ To be delivered by your Agent.

   ☐ To be sent to the address of Payee.

   b) ☐ By Direct Credit / E-payment. Please fill up the Details for Direct Credit / E-payment Form under Part VIII.

Part VIII- Details for Direct Credit / E-payment for Claim Payment

Single owned account is preferred but in the case of jointly owned account, the payee's name has to appear as the first account holder.

In the event of the space provided is insufficient, please provide the information by attaching separate declaration forms.

	Payee 1	Payee 2	Payee 3
Name of Payee			
Identity Number of Payee			
Name of Bank			
Bank Account Number			
Contact No.			
Email Address			

Part IX – Particulars on Assured Member / Employee (Applicable only for Non-Employee Benefits type of Group Term Life and Employee Benefits).

1. Assured Member / Employee Name:	2. I/C No.: (new) (old)
3. Date first eligible for cover (dd/mm/yyyy):	4. Position held: Job grade:

5. Relationship of the Assured Member / Employee to the Deceased:

6. Was the Assured Member / Employee on prolonged illness leave prior to death?

Yes ☐ If yes, please provide the particulars and supporting documents:

No ☐

Prolonged Illness Leave	Date (dd/mm/yyyy)		Type of Sickness / Extent of Injuries Sustained
	From	Till	
Full-pay leave			
Half-pay leave			
No-pay leave			

7. Was the Assured Member / Employee medically boarded out prior to death?

Yes ☐ Date (dd/mm/yyyy):
If yes, please provide the supporting documents.

No ☐

Part X – Particulars on Coverage Effective Date, Loan Credit Amount and Others (Applicable only for Claim on Mortgage Decreasing Term Assurance, Overdraft, Credit Card, Fixed Deposit Scheme or Other Financial Institution Scheme e.g. Unit Trust and Edusave)

1. Date first eligible for cover (dd/mm/yyyy):	2. Amount of loan approved (If applicable):

3. Exact outstanding or balance amount as at date of death (loan, fixed deposit, unit trust etc.):

4. Exact outstanding or balance amount as at to date (loan, fixed deposit, unit trust etc.):

Part XI- Particulars of Claimant

1. Details of Claimant

In the event of the space provided is insufficient, please provide the information by attaching separate declaration forms.

	Claimant 1	Claimant 2	Claimant 3
Name			
I/C No. / Passport No.			
Contact No. & Email Address			
Correspondence Address			
Relationship to deceased			

2. Details of Beneficial Owner (For Policy Owned By Entity)

a) Entity Name:

b) Entity Registration No.:

In the event of the space provided is insufficient, please provide the information by attaching separate declaration forms.

	Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3
Name			
I/C No. / Passport No.			
Contact No.			
Designation			
Correspondence Address			

3. Politically Exposed Person (PEP) Declaration

Notes:

1. All names as per NRIC/Passport.
2. Politically Exposed Persons (PEP)
   a) are individuals who are or who have been entrusted with prominent public function (Head of State or Government, senior politicians, senior government, judiciary or military officials, senior executives of state owned corporations and important political party officials)
   b) persons who are or have been entrusted with a prominent functions by an international organization which refers to members of senior management. (Directors, deputy directors and members of the board or equivalent functions)
3. Family Members and Close Associates
   a) Family Members
   are individuals who are related to a PEP either directly (consanguinity) or through marriage. This includes parents* , siblings*, spouse (s), child* or spouse's parents*.(*biological and non biological relationship)
   b) Close Associates
   is any individual closely connected to a PEP, either socially or professionally and may include extended family members such as relatives (biological or non biological relationship), financially dependent individuals (persons salaried by the PEP such as drivers, bodyguard, secretaries, business partners or associate, prominent members of the same organization as the PEP, individuals working closely with the PEP ie. work colleagues , close friend)
4. Beneficial Owner
   Refers to any natural person(s) who ultimately owns or controls a customer and/or the natural person on whose behalf a transaction is being conducted. It also includes those natural persons who exercise ultimate effective control over a legal person or arrangement. Reference to "ultimately owns or control" or "ultimate effective control" refers to situations in which ownership or control is exercised through a chain of ownership or by means of control other than direct control. This also refers to any natural person(s) who ultimately owns or controls a beneficiary, where specified in this document.

Please tick (√) the appropriate box

1. Does any Claimant(s) or Beneficial Owner(s) as stated in Section 1 and 2 of Part X hold, or has previously held or is being considered for a prominent public position?

☐ Yes ☐ No

If yes, please elaborate:

Name of Claimant(s) or Beneficial Owner(s)	Position Held	No. of Years

2. Does any of the Claimant(s) or Beneficial Owner(s)'s immediate Family Members/Close Associates hold, or previously held or is being considered for prominent public position?

☐ Yes ☐ No

If yes, please elaborate:

Name of Claimant(s) or Beneficial Owner(s)	Details of Immediate Family Members/Close Associates			
	Name	I/C No. / Passport No.	Position Held	Relationship to Claimant(s) or Beneficial Owner(s)

Part XII – Declaration and Authorisation

1. I / We, _____, the claimant hereby make claim on Hong Leong Assurance Berhad ("the Company") in respect of the policy monies payable on the life of the Deceased Assured Member / Life Assured and/or the benefits due under Group Policy No. / Policy No. / Policies Nos. _____ and agree that the written statements, reports and affidavits of any doctor who was consulted by the Deceased Assured Member / Life Assured or who attended to the Deceased Assured Member / Life Assured and all other documents furnished to the Company in support of this claim shall constitute and are hereby made a part of proof of the death of the Deceased Assured Member / Life Assured.

2. (For Group Policy Owner only) I / We, the Group Policy Owner declare that the Deceased Assured Member was eligible for cover under the above Group Policy.

3. I / We declare that all answers and statements given in the claim form submitted herewith are true and complete to the best of my / our knowledge and belief and that I / we have not withheld any material fact in my / our giving of the answers and statements.

4. I / We acknowledge and agree that the furnishing of this form or of any other form or document to me/ us by the Company for completion, the acceptance of this form or of any other form or document by the Company from me / us or from any other person, and any act, enquiry or investigation by the Company in connection with or related to the death of the Deceased Assured Member / Life Assured, shall not constitute or be considered an admission of any liability by the Company or that there was any cover/assurance in force on the life of the Deceased Assured Member / Life Assured, or that the Company has waived any of its rights or defences.

5. (For Next-Of-Kin only) I, _____ I/C No. (New) _____ (Old) _____the next-of kin of the Deceased Assured Member / Life Assured hereby authorise any employers, doctors, hospitals, clinics, insurance companies, government offices or any organizations or persons who have any records, knowledge or information, whether medical or otherwise, of _____ Birth Certificate No. _____ or I/C. No. (New) _____ (Old) _____ to disclose to the Company such records, knowledge or information for the purpose of claim considerations.

6. I / We hereby consent to the deduction of any amount which may be owing by me / us to the Company, whether under this Policy or any other policy which I / we may have from the Company, from the amount payable to me / us in respect of the claim I /we am / are now making.

7. A photocopy of this Declaration and Authorisation shall be as valid as the original.

Dated this _____ day of _____

_____
Signature of Witness

Name :

I/C No. :

Address :

_____
Signature of Next-of-Kin*

Name :

I/C No. :

Relationship to the Deceased
Assured Member / Life Assured:

_____
Signature of Witness

Name :

I/C No. :

Address :

_____
Signature of Claimant** / Policy Owner / Group Policy Owner

Name :

I/C No. :

Designation :
(Please affix official stamp if Policy Owner is an entity.)

* A person who is most closely related to the Deceased e.g. spouse, child or parent.
** A person who makes a claim and is either the nominee, trustee or assignee. He / She can be the Deceased's spouse, child or parent if the Deceased did not make any nomination or assignment.
* / ** Next-of-Kin and Claimant can be the same person if Claimant is the spouse, child or parent to the Deceased.
* / ** Mandatory to be completed, signed and witnessed.

Part XIII – Claim Requirements		
	Requirements	**Description**
1.	Death Claim Application Form	This form is to be completed by the person entitled to the policy monies.
2.	Medical Attendant's Report for Death Claim	This report must be completed by a registered medical practitioner at the claimant's own expense.
3.	Death Certificate*	Original sighted copy of the death certificate must be submitted as proof of death.
4.	Original Policy Contract / Deed of Assignment / Assurance Certificate	Original Policy Contract / Deed of Assignment / Assurance Certificate must be returned to the Company. In the event that the original copy is lost, a statutory declaration for lost must be declared and signed before a Commissioner for Oaths.
5.	Other Supporting Documents to prove the eligibility of cover for Non-Employee Benefits type of Group Term Life Policy and Other Financial Institution Group Policy.	a) For Non-Employee Benefits type of Group Term Life Policy, proof of membership is required. b) For Other Financial Institution Group Policy, please submit the requirements as follows: i. Fixed Deposit Listing or Deposit Receipt(s) for death claim on Fixed Deposit Life Scheme. ii. Loan Agreement and Credit Card Statement for death claim on Credit Card Scheme or Overdraft Scheme to confirm the outstanding loan or credit amount at date of death. iii. Investment Listing for death claim on Unit Trust Group Policy.
6.	Appointment letter* / Payslips* (Applicable only for Employee Benefits policy)	Original sighted copy of last two (2) months' Payslips and Appointment Letter must be submitted.
7.	Detailed Post Mortem Report*	This is required if: a) The cause of death is due to accident, drowning, intoxication, poisoning, murdered, suicide or the cause of death is unascertainable. b) Post mortem has been performed. c) The policy duration is within two (2) years from policy issue date or revival date (whichever is later) to date of death. d) The claim is also filed for Accidental Death Benefit. The report must be an original sighted copy if photocopy is submitted.
8.	Police Report*	This is required if: a) The cause of death is due to accident, drowning, intoxication, poisoning, murdered or suicide. b) Report has been lodged by the deceased's family or any person to the police. c) The claim is also filed for Accidental Death Benefit. The report must be an original sighted copy if photocopy is submitted.
9.	Newspaper Cuttings	This is required if: a) The cause of death is due to accident, drowning, intoxication, murdered or suicide. b) The incident is reported in the newspaper.
10.	Birth Certificate / Identity Card (for non-foreigner) / Passport (for foreigner) / Patient Card	a) Original sighted copy of the deceased's birth certificate** / Identity Card (for non-foreigner)** / passport (for foreigner)** is required to prove deceased's age if the age has not been admitted at time of insurance application. b) A photocopy of deceased's patient card is required to facilitate extraction of medical reports by hospitals / clinics. c) Original sighted copy of payee's Identity Card (for non-foreigner)** / passport (for foreigner)** for claim payment via Direct Credit / E-payment.
11.	Proof of Relationship of the Claimant / Next-of-Kin / Policy Owner to the Deceased	Original sighted copy of the birth certificate** or marriage certificate* to prove the relationship to the deceased.

Note:

1. *Certification of documents as "Original Sighted" should only be done by either Solicitor, HLA Head Office and Branch Executive / Manager, Agency Manager or Unit Manager. Certification by Unit Manager needs to be countersigned by Agency Manager.
2. **Certification of documents as "Original Sighted" should only be done by either Solicitor, HLA Head Office and Branch Executive / Manager, Agency Manager or Unit Manager.
3. */**Our company reserves the right to call for the original documents if the case warrants the sighting of the original documents during the course of the claim processing.