

Head Office:  
Wisma MCIS, Jalan Barat,  
46200 Petaling Jaya,  
Selangor Darul Ehsan,  
Malaysia

Postal Office:  
P.O. Box 345, Jalan Sultan,  
46916 Petaling Jaya,  
Selangor Darul Ehsan,  
Malaysia

T +603 7652 3388  
F +603 7957 1562  
E customerservice@mcis.my  
W www.mcis.my

## BORANG TUNTUTAN FAEDAH SEMASA HAYAT LIVING ASSURANCE CLAIM FORM

Tiada tanggungan diakui dengan mengeluarkan borang ini  
No liability is admitted by issuing this form

### UNTUK DIPENUHI OLEH PEMEGANG POLISI TO BE COMPLETED BY THE ASSURED

1. BUTIR – BUTIR PERIBADI / PERSONAL PARTICULARS	
(a) No. Polisi : Policy No :  Nama Pemunya Polisi. Name of Policy Owner.	
(b) Nama Hayat Diinsuranskan. Name of Life Assured.	
(c) No. Kad Pengenalan atau Pasport NRIC or Passport No.	
(d) Tarikh Lahir : Date Of Birth :	
(e) Alamat : Address :	
(f) No Telefon : Phone No :	
(g) Alamat e-mel : E-mail Address :	
(h) Pekerjaan : Occupation:	
3. JENIS PENYAKIT / KECEDERAAN & BUTIR – BUTIR BERKAITAN / NATURE OF CLAIM & RELATED DETAILS	
(a) Nyatakan penyakit / kecederaan bagi Hayat Diinsuranskan tuntutan ini Name the disease / injury Life Assured claiming for	
(b) Terangkan simptom penyakit tersebut Describe the symptoms of the disease	

(c)	Tarikh pertama kali Hayat Diinsuranskan mengalami simptom tersebut <i>Date when Life Assured first experience the symptoms</i>	
(d)	Nama dan alamat doktor yang pertama kali merawat atau menasihati Hayat Diinsuranskan bagi penyakit / kecederaan tersebut <i>The name and the address of the doctor first consulted Life Assured for this illness / injury</i>	
(e)	Tarikh pertama kali menerima rawatan atau nasihat doktor <i>Date of first consultation</i>	
(f)	Nama dan alamat doktor yang selalu merawat Hayat Diinsuranskan <i>The name and address of attending doctor</i>	
<b>4. REKOD RAWATAN PERUBATAN / KEMASUKAN HOSPITAL / RECORD OF MEDICAL CONSULTATION / HOSPITALIZATION</b>		
(a)	Sila berikan butir-butir sebarang doktor lain yang telah merawat atau menasihati Hayat Diinsuranskan bagi penyakit / kecederaan di atas ataupun penyakit lain <i>Please give details of any other doctor(s) whom have consulted Life Assured in connection with this illness / injury or any other illness</i>	
(b)	Sila berikan butir-butir ujian pakar /makmal sebelum penyakit dikenalpasti (Contoh: ECG, ujian sinar X, ujian darah, ujian air kencing) <i>Give details of any specialist/laboratory tests undergone prior to the onset of the present problem (eg. ECG's, x-ray, blood test, urine tests lipid profile)</i>	
<b>5. AM / GENERAL</b>		
(a)	Adakah ahli keluarga Hayat Diinsuranskan menghadapi penyakit yang sama atau berkaitan? Jika ya,sila nyatakan <i>Has any of Life Assured blood relatives suffered from a similar or related illness? If yes,please state</i> i) Pertalian persaudaraan / <i>Relationship of relative</i> ii) Jenis penyakit / <i>Nature of illness</i> iii) Tarikh penyakit didiagnosa / <i>Date of illness diagnosed</i>	
(b)	Pernakah Hayat Diinsuranskan mengalami atau menerima rawatan bagi penyakit / kecederaan yang sama atau berkaitan? Jika ya,sila nyatakan secara terperinci. <i>Have Life Assured previously suffered from, or received treatment for a similar or related illness / injury? If yes, please give full detail</i>	
(c)	Adakah Hayat Diinsuranskan membuat apa-apa tuntutan daripada syarikat insuran yang lain atau sumber yang lain berkaitan penyakit ini? Jika ya, sila nyatakan <i>Are Life Assured claiming from any other insurance company or other sources in respect of this illness? If yes, please state</i> i) Nama syarikat insuran / <i>Name of insurer / co</i> ii) Jumlah tuntutan / <i>Amount claimed</i> iii) No. Polisi / <i>Policy No</i>	

Saya dengan ini mengaku bahawa segala butir-butir jawapan di atas adalah benar dan saya bertanggungjawab terhadap jawapan tersebut sama ada ditulis oleh saya atau orang lain bagi pihak saya.

*I hereby declare that the foregoing answers are true. I accept full responsibility for these answers whether they were written by me or by someone else on my behalf*

.....  
Tandatangan Pemegang Polisi / Penuntut

*Signature of Assured / Claimant*

Nama/Name : .....

No K/P / IC No : .....

Tarikh/Date: .....

.....  
Tandatangan Saksi

*Witness Signature*

Nama/Name.....

No K/P / IC No : .....

Tarikh/Date:.....

## Kebenaran/Pemberian Hak / Authorization

Saya, yang bertandatangan di bawah, dengan ini membenarkan mana-mana organisasi, institusi atau individu yang mempunyai sebarang rekod atau pengetahuan tentang kesihatan dan latar belakang perubatan atau nasihat perubatan saya/ hayat yang diinsuranskan, dan telah atau mungkin kemudian dari ini dirujuk untuk mendedahkan segala maklumat tersebut kepada MCIS INSURANCE BERHAD atau wakilnya. Saya bersetuju membenarkan MCIS INSURANCE BERHAD atau wakilnya untuk mengguna dan mendedahkan sebarang maklumat yang dikumpul atau dipegang oleh Syarikat kepada perseorangan/sebarang organisasi yang berhubung dan berkaitan dengan Syarikat atau sebarang pihak ketiga (di dalam atau di luar Malaysia, termasuk institusi perubatan, penginsurans semula, penyelaras tuntutan / penyiasat, peguam, persatuan industri, pengawal selia, badan-badan berkanun, pihak berkuasa kerajaan dan agensi pelaporan kredit) bagi tujuan proses tuntutan insuran. Salinan pengesahan ini adalah sah seperti yang asal.

*I, The undersigned(s) hereby irrevocably authorize any organization, institution, or individual that has any records or knowledge of my/life assured health and medical history or treatment or advise and that has been or may hereafter be consulted to disclose to MCIS Insurance Berhad or its representative such information. I/WE agree that MCIS Insurance Berhad or its representative may use and disclose any of the information collected or held by the Company to individuals/organizations related to and associated with the Company to individuals/organizations related to and associated with the Company or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters / investigators, solicitors, industry associations, regulators, statutory bodies, government authorities and credit reporting agencies) for the purpose of processing the claim.*

*This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our/life assured death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.*

.....  
Tandatangan Pihak Menuntut  
*Signature of Claimant*

Nama :  
*Name:* .....

No. Kad Pengenalan atau Pasport/  
*NRIC or Passport No:* .....

Tarikh Lahir (DD/MM/YYYY):  
*Date of Birth (DD/MM/YYYY):* .....

No. Pengenalan Cukai:  
*Tax Identification Number (TIN):* .....

Alamat :  
*Address :* .....

Perkerjaan :  
*Occupation :* .....

No. Telefon :  
*Telephone No. :* .....

Tarikh :  
*Date :* .....

.....  
Tandatangan Saksi  
*Signature of Witness*

Nama:  
*Name :* .....

No. Kad Pengenalan atau Pasport:  
*NRIC or Passport No:* .....

Alamat :  
*Address :* .....

No. Telefon :  
*Telephone No. :* .....

Tarikh :  
*Date :* .....

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# FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) SELF-CERTIFICATION FORM FOR INDIVIDUALS (TO BE COMPLETED BY THE CLAIMANT/ASSURED)

**Please read these instructions before completing the form.**

Under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), MCIS Insurance Berhad is required to collect and report certain information to the local tax authority on the status of our customers.

Should there is a change in circumstances relating to information, such as the Individual's tax status or other mandatory field information that makes this form incorrect or incomplete, please let us know by notifying us or providing us with an updated Self- Certification Form.

As a financial institution, we are not allowed to give tax advice. Kindly consult your tax or legal adviser should you have questions on or in relation to FATCA and CRS. Where necessary, you can find summaries of defined terms in the Appendix.

## Part 1 – Identification of Individual

Name:		
Date of Birth (DD/MM/YYYY):		
Country of Birth:		
Old IC No./ New IC No./ Birth Certificate No./ Passport No.		
Current Residence Address:	Mailing Address: (Complete if different to the current residence address)	
Address Line 1:	Address Line 1:	
Address Line 2:	Address Line 2:	
Address Line 3: (Postal Code/ZIP Code)	Address Line 3: (Postal Code/ZIP Code)	
Address Line 4: (Country)	Address Line 4: (Country)	
Telephone Number (with country code):	Primary*:	Secondary (if any):

## Part 2 – FATCA Self Certification

### Definitions applicable

The term U.S. person or United States person means a person described in section 7701(a)(30) of the Internal Revenue Code: The term "United States person" means—

(A) a citizen or resident of the United States

Please check "✓" Yes or No for each of the following questions:

	Yes	No
1 Are you a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you hold a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you a U.S. Resident (including US Tax Resident)?	<input type="checkbox"/>	<input type="checkbox"/>
4 If you have ticked "No" to all three questions above, then please tick as:  Kindly take note that if you are a Non U.S. person but U.S. is your country of birth, please provide MCIS:  i. A copy of non-U.S. passport or non-U.S. government-issued identification document; and  ii. A copy of Certificate of Loss of Nationality of the U.S. or specify your explanation of:  • The reason of not having such certificate despite relinquishing U.S. citizenship; or  • The reason you did not obtain a U.S. citizenship at birth.  Reason:	<input type="checkbox"/> Non U.S. person	
If you have ticked "Yes" to any of the three questions above, please tick as: Please fill up your U.S. TIN in the table under Part 3, Section 1.	<input type="checkbox"/> U.S. person	

**Part 3 – Declaration of Tax Residency and Taxpayer Identification Number (“TIN”) or its Functional Equivalent**

I am a tax resident of Malaysia **ONLY**. \*

- ☐ Yes – Please proceed to Section 2.
- ☐ No – Please complete the table below in Section 1.

Note: By ticking "No" you are confirming that you are: -

- (a) A tax resident of Malaysia and another country; or  
(b) Not a tax resident of Malaysia but a tax resident of another country.

## Section 1: Details of Foreign Tax Residence(s)\*

Please complete the following table indicating:

- (i) The country/ jurisdiction of residence (also include the Malaysian tax residency information in case you are a tax resident of Malaysia) where the Individual is a resident for tax purposes and
- (ii) The Individual's TIN for each country/ jurisdiction indicated. Please indicate all (not restricted to three) jurisdictions of tax residence.

For example, if the Individual is a tax resident of Malaysia, the TIN is the Income Tax Number. Refer to the OECD website for more information on tax residency and other formats of TIN:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>  
<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

If the Individual is a tax resident in more than three countries/ jurisdictions, please use a separate sheet.

Complete the following table indication:

- (a) the jurisdiction of residence where the Individual is a resident for tax purposes (except for Brunei) and  
(b) the Individual's TIN for each jurisdiction indicated. Indicate All jurisdictions of residence.

If a TIN is unavailable, indicate which of the following reason is applicable:

**Reason A** – The jurisdiction where the Individual is a resident for tax purpose does not issue TINs to its residents.

Reason B – The Individual is unable to obtain a TIN.

Reason C – TIN is not required.

(Note: Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.)

Country of Tax Residence		TIN	If no TIN available, indicate Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1	
2	
3	

*Note: If the Individual is a resident for tax purpose in more than three countries, please use separate sheet.*

## Section 2: Clarification of Tax Residence Information\*\*

If the country (other than Malaysia) indicated in your address/contact number is different from the country(ies) which you have disclosed as your tax residence(s), please provide your explanation below.

I have a foreign address/contact number which differs from the country of my tax residence because:

--

\*\*Please indicate N/A if the country of your address/contact number is same as the country of tax residence declared.

Declaration and Signature	
<p>I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the individual's relationship with MCIS Insurance Berhad setting out how MCIS Insurance Berhad may use and share the information supplied by me.</p> <p>I understand that the term "U.S. person" means any citizen or resident of the United States.</p> <p>I acknowledge that the information contained in this form and information regarding the Individual and any Reportable Account(s) may be provided to the tax authorities of the country/ jurisdiction in which this account(s) is/are maintained and exchanged with the tax authorities of another country/ jurisdiction or countries/ jurisdictions in which the Individual may be tax resident pursuant to intergovernmental agreements to exchange financial account information.</p> <p>I certify that I am the Individual (or am authorized to sign for the Individual) of all the policy(s) to which this form relates.</p> <p>I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.</p> <p>I undertake to advise MCIS Insurance Berhad within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide MCIS Insurance Berhad with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.</p>	
Signature:	_____
Name:	_____
Date (dd/mm/yyyy):	_____
Capacity:	_____ <i>(Indicate the capacity if you are not the individual identified in Part 1. If signing under a Power of Attorney, attached a certified copy of the Power of Attorney)</i>

## Appendix – Summary Descriptions of Selected Defined Terms

Note: The following are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account information ("CRS"), the associated Commentary to the CRS, Malaysia-US Intergovernmental Agreement on Foreign Account Tax Compliance Act (FATCA) and other domestic guidance.

### Account Holder

The term "Account Holder" means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

### Change in Circumstances

As per CRS and FATCA requirements, the "Change in Circumstances" means any change in one or more of the information below:

- Change of tax residency details (to/from outside Malaysia; or one country to another)
- Change of residence or mailing address (to/from outside Malaysia; or one country to another)
- Change of contact number (to/from outside Malaysia; or one country to another)
- Application or cancellation of standing instructions to transfer funds to an account maintained outside Malaysia; or from an overseas account to another
- Change of address of the current effective power of attorney/signatory authority (to/from outside Malaysia; or one country to another)
- Change of nationality to/from U.S. (for FATCA only).

### Common Reporting Standard (CRS)

CRS stands for Common Reporting Standard, which is developed by the Organisation for Economic Co-operation and Development (OECD) to obtain information from Financial Institutions and for automatic exchange of financial account information with other jurisdictions on an annual basis for tax purposes.

### Foreign Account Tax Compliance Act (FATCA)

FATCA stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance provisions, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. Financial Institutions and other non-U.S. entities.

### Financial Account

A "Financial Account" is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

## **Participating Jurisdiction (CRS)**

A “Participating Jurisdiction” means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.

## **Reportable Account**

The term “Reportable Account” means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

## **Reportable Jurisdiction (CRS)**

A “Reportable Jurisdiction” is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

## **Reportable Jurisdiction Person (CRS)**

A Reportable Jurisdiction Person means an individual or Entity that is resident in a Reportable Jurisdiction under the tax laws of such jurisdiction, or an estate of a decedent that was a resident of a Reportable Jurisdiction.

## **Reportable Person**

A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

## **Resident for tax purposes**

Generally, an individual will only have one jurisdiction of residence. However, an individual may be resident for tax purposes in two or more jurisdictions. The domestic laws of the various jurisdictions lay down the conditions under which an individual is to be treated as fiscally “resident”. They cover various forms of attachment to a jurisdiction which, in the domestic taxation laws, form the basis of a comprehensive taxation (full liability to tax). They also cover cases where an individual is deemed, according to the taxation laws of a jurisdiction, to be resident of that jurisdiction (e.g. diplomats or other persons in government service). To solve cases of double residence, tax conventions contain special rules which give the attachment to one jurisdiction a preference over the attachment of the other jurisdiction for purposes of those conventions. Generally, an individual will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), he pays or should be paying tax therein by reason of his domicile, residence or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes.

The following examples illustrate how an individual’s residence for tax purposes may be determined:

**Example 1:** An individual has his permanent home in Jurisdiction A and is taxed as being a resident of Jurisdiction A. He has had a stay of more than six months in Jurisdiction B and according to the legislation of the latter Jurisdiction he is, in consequence of the length of the stay, taxed as being a resident of that Jurisdiction. Thus, he is resident of both Jurisdictions.

**Example 2:** Same facts as Example 1, except that the individual only had a stay of eight weeks in Jurisdiction B and according to the legislation of that Jurisdiction he is not, by reason of the length of the stay, taxed as being a resident of Jurisdiction B. Thus, he is only resident of Jurisdiction A.

For additional information on tax residence, please talk to your tax adviser or refer to the OECD Automatic Exchange Portal at this link:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

## **TIN (including Functional Equivalent)**

The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at this link:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a “functional equivalent”). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

## **U.S. Person (FATCA)**

A “U.S. Person” means a U.S. citizen or resident individual, a partnership or corporation organized in the U.S. or under the laws of the U.S. or any State thereof, a trust if (i) a court within the U.S. would have authority under applicable law to render orders or judgements concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. Persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the U.S.



(PENTING: TULIS DALAM HURUF BESAR/CETAK DENGAN JELAS) / (IMPORTANT: WRITE IN BLOCK/PRINT CLEARLY)

**PER/ RE : NO POLISI/ POLICY NO:**

I hereby allow/ give consent that payment(s) due to me by MCIS INSURANCE BERHAD (hereafter referred to as MCIS LIFE) on the abovementioned policy be credited to my bank account as stated below and confirm that :-

1. Saya mengizinkan MCIS LIFE memberi data peribadi saya kepada pihak bank untuk memudahkan pembayaran insurans.  
*I consent to MCIS LIFE releasing the below data to its banker in order to facilitate the payment(s).*
2. Saya mengesahkan bahawa maklumat yang dinyatakan oleh saya adalah benar dan tepat. Sekiranya terdapat percanggahan maklumat, pembayaran akan ditangguhkan. Sila berikan butiran akaun bank yang tepat untuk mengelakkan pengkreditan pembayaran yang tidak tepat  
*I confirm the information provide herein are true and accurate and in the event I have made an error or omission, I understand the payment will be delayed. Please provide the accurate bank account details to avoid any inaccuracy of crediting the said payment*
3. Permintaan saya ini tidak boleh dibatalkan tanpa persetujuan MCIS LIFE. MCIS LIFE boleh pada bila-bila masa menukar cara pembayaran kepada saya dengan kaedah lain.  
*My request herein shall be irrevocable without the consent of MCIS LIFE. MCIS LIFE may at any time in its absolute discretion effect payment(s) to me by other methods.*
4. Pilihan akaun bank dan butiran diri saya adalah seperti dinyatakan di bawah.  
*My preferred bank account and contact details are as stated below.*

Tandatangan Pemegang Polisi/ Penuntut  
*Policyowner / Claimant Signature*

Pilihan dikenakan kepada/ ☐ Semua Polisi/ ☐ Polisi Semasa/  
Option apply to : ☐ All Policies ☐ Current Policy

Senarai adalah untuk rujukan sahaja. Bank lain (dalam Malaysia) yang tiada dalam senarai dibawah juga diterima./ Bank Listed below are for reference only. Other banks (in Malaysia) not listed are acceptable.

SENARAI BANK DAN BUTIRAN RUJUKAN / LIST OF BANKS AND DETAILS FOR REFERENCE					
Nama Bank / <i>Bank Name</i>		Angka Digit		Nama Bank / <i>Bank Name</i>	Angka Digit
Affin Bank Bhd / Affin Islamic Bank Bhd		12		Agro Bank/Bank Pertanian	16
AmBank (M) Bhd / AmIslamic Bank Bhd		13		Al Rajhi Bank	15
Alliance Bank Malaysia / Alliance Islamic Bank Bhd		15		Bank Islam Malaysia	14
Bank Kerjasama Rakyat		12		Bank Muamalat Malaysia	14
Bank Simpanan National		16		CIMB Bank / CIMB Islamic Bank Berhad	14/10
Citibank Berhad		10		Hong Leong Bank / Hong Leong Islamic Bank Berhad	11
HSBC Bank / HSBC Amanah Malaysia Berhad		12		Kuwait Finance House	12
Maybank Bhd / Maybank Islamic Bhd		12		OCBC Bank Malaysia / OCBC Al-Amin Bank Berhad	10
Public Bank Bhd / Public Islamic Bank Bhd		10		RHB Bank Bhd / RHB Islamic Bank Bhd	14
Standard Chartered Bank / Standard Chartered Saadiq Berhad		12		United Oversea Bank	11