

**BORANG TUNTUTAN HOSPITAL - KENYATAAN PIHAK YANG MENUNTUT
HOSPITAL BENEFIT CLAIM FORM - CLAIMANT'S STATEMENT**

Bahagian A / Part A

Borang ini hendaklah diisi oleh pihak yang menuntut. Semua soalan hendaklah dijawab dengan lengkap. Tanda (-) tidak akan diterima. *This form is to be completed by the claimant. All questions must be answered. Dash (-) is not acceptable.*

Dokumen sokongan yang diperlukan adalah / Supporting documents required are:-	
1.	Salinan bil / Nota discaj menunjukkan tarikh masuk dan keluar hospital <i>Copy of hospital bill/ discharge note showing admission and discharge date</i>
2.	Surat Akuan Masuk dan Keluar <i>Admission and Discharge Card</i>
3.	Keputusan Makmal dan Radiologi <i>Laboratory and Radiology Reports</i>
1. Butir tentang Hayat yang dilindungi / Particulars of Life Assured	
a.	No. Polisi <i>Policy No</i>
b.	Nama Hayat Diinsuranskan. <i>Name of Life Assured</i>
c.	No. Kad Pengenalan atau Passport/ NRIC or Passport No.
d.	No. Telefon Bimbit <i>Mobile Phone No.</i>
e.	Alamat Surat Menyurat Terkini <i>Current Correspondence Address</i>
2. Butir tentang Pihak Menuntut / Particular of Policyowner / Claimant	
a.	Nama Pemegang Polisi / Penuntut <i>Name of Policyowner / Claimant</i>
b.	No. Kad Pengenalan atau Passport/ NRIC or Passport No.
c.	No. Pengenalan Cukai / Tax Identification Number (TIN)
d.	No. Telefon Bimbit <i>Mobile Phone No.</i>
e.	Alamat e-mel / Email address
3. Butir kemasukan hospital / Hospitalisation details	
a.	(a) Masuk hospital : Tarikh / Waktu <i>Admission : Date / Time</i> (b) Keluar hospital : Tarikh / Waktu <i>Discharge : Date / Time</i> (c) Hospital Nama : <i>Hospital Name:</i>

b.	Jika kemasukan ke hospital adalah akibat kemalangan, sila nyatakan <i>If hospitalization was due to accident, please state</i> (a) Tarikh dan masa kemalangan <i>Date and time of accident</i> (b) Bagaimana kemalangan tersebut berlaku? <i>How did the accident occur?</i> (c) Jenis dan tahap kemalangan tersebut berlaku? <i>Nature and extent of injury?</i>		
c.	Jika kemasukan ke hospital akibat penyakit, sila nyatakan <i>If hospitalization was due to illness, please state</i> (a) Apakah simptom yang dialami? <i>What were the symptoms presented?</i> (b) Sejak bila simptom tersebut dialami sebelum memasukkan hospital? <i>Since when these symptoms presented before admission to hospital?</i>		
d.	Sila berikan maklumat lanjut rundingan: Please provide details of consultations: (a) Doktor yang merujuk hayat yang dilindungi ke hospital <i>The doctor who referred Life Assured to hospital</i> (b) Semua doktor lain yang merawat untuk penyakit ini <i>All other doctors consulted for this illness</i> (c) Nama dan alamat doktor yang biasa merawat hayat yang dilindungi selain daripada yang di atas <i>Name and address of Life Assured's regular treating doctor other than the above.</i>	Tarikh (HH/BB/TTTT) klinik <u>hospital/</u> <u>Date (DD/MM/YYYY)</u>	Nama dan alamat doctor/ hospital/ <u>Name and address of doctor/</u> <u>clinic</u>
e.	Adakah hayat yang dilindungi kini diinsuranskan untuk faedah hospitalisasi dengan syarikat lain? Jika ya, sila nyatakan <i>Is Life Assured presently insured for hospitalization benefits with other companies? If yes, please state.</i> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> Yes No Nama Syarikat Insurans No. Polisi Tarikh Berkuatkuasa (HH/BB/TTTT) Amaun <u>Names of Insurance Companies</u> <u>Policy No.</u> <u>Effective Dates (DD/MM/YYYY)</u> <u>Amount of</u> <u>Benefits (RM)</u>		

Pengisytiharan / Declaration

Saya menjamin kebenaran ke atas keterangan-keterangan yang dikemukakan, samada ditulis oleh saya atau bagi pihak saya. Saya mengaku bahawa syarat-syarat insurans saya telah patuhi. Saya bersetuju bahawa jika ada kenyataan yang tidak benar atau salah, tekanan atau menyembunyikan dibuat oleh saya, hak saya ke atas tuntutan ini akan ditarik balik secara mutlak.
I warrant the truth of the foregoing particulars, whether written by me or on my behalf. I declare that the conditions of my insurance have been complied with. I agree that if any false or untrue statement, suppression or concealment, is made by me, my right to this claim shall be absolutely forfeited.

 Tandatangan Pemegang Polisi / Penuntut
Signature of Policyowner / Claimant

Nama/ Name: _____

No. KP/ NRIC: _____

Tarikh/ Date: _____

 Tandatangan Saksi
Signature of Witness

Nama/ Name: _____

No. KP/ NRIC: _____

Tarikh/ Date: _____

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

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	<p>If you have ticked "No" to all three questions above, then please tick as:</p> <p><i>Kindly take note that if you are a Non U.S. person but U.S. is your country of birth, please provide MCIS:</i></p> <p><i>i. A copy of non-U.S. passport or non-U.S. government-issued identification document; and</i></p> <p><i>ii. A copy of Certificate of Loss of Nationality of the U.S. or specify your explanation of:</i></p> <ul style="list-style-type: none"> • <i>The reason of not having such certificate despite relinquishing U.S. citizenship; or</i> • <i>The reason you did not obtain a U.S. citizenship at birth.</i> <p><i>Reason:</i></p>	<input type="checkbox"/> Non U.S. person	
	<p>If you have ticked "Yes" to any of the three questions above, please tick as:</p> <p><i>Please fill up your U.S. TIN in the table under Part 3, Section 1.</i></p>	<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:	<p>_____</p> <p><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></p>

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.

BORANG TUNTUTAN HOSPITAL – KENYATAAN DOKTOR YANG MERAWAT
HOSPITAL BENEFIT CLAIM FORM – ATTENDING PHYSICIAN’S STATEMENT

Bahagian B / Part B

Semua soalan hendaklah dijawab dengan lengkap. Tanda (-) tidak akan diterima. Segala penukaran hendaklah disahkan oleh doktor yang merawat / All questions must be answered. Dash (-) is not acceptable. All alterations must be initialed by treating physician.

1.	Nama Pesakit <i>Patient's Name</i>	
2.	No. Kad Pengenalan <i>NRIC</i>	Lama: <i>Old:</i> Baru: <i>New:</i>
3.	(a) Pendaftaran : Tarikh / Waktu <i>Admission : Date / Time</i> (b) Keluar : Tarikh / Waktu <i>Discharge : Date / Time</i>	HH/BB/TT Waktu DD/MM/YY <i>Time</i> HH/BB/TT Waktu DD/MM/YY <i>Time</i>
4.	Jika kemasukan ke hospital adalah akibat kemalangan, sila nyatakan <i>If hospitalization was due to accident, please state</i> (a) Tarikh dan masa kemalangan <i>Date and time of accident</i> (b) Jenis kemalangan: <i>Nature of accident</i>	
5.	Tarikh pertama kali anda memberi rawatan kepada pesakit bagi penyakit / kecederaan / keadaan ini. <i>The date on which you first saw the patient for this illness / injury / condition</i>	
6.	Adakah pesakit dirujuk kepada hospital anda oleh doktor yang lain? Jika ada, sila nyatakan nama dan alamat doktor tersebut, serta berikan salinan surat rujukan. <i>Was the patient referred to your hospital by any other doctor? If yes, please indicate his / her name, address and provide a copy of referral letter.</i>	<input type="checkbox"/> Ya/ Yes <input type="checkbox"/> Tidak/ No Butir doctor and merujuk/ <i>Details of referral doctor:</i>
7.	Apakah simptom yang diberitahu oleh pesakit ketika pertama kali dia berjumpa dengan anda? <i>What were the symptoms that patient complained of when he / she first saw you?</i>	
8.	(a) Berdasarkan maklumat diberi oleh pesakit, berapa lamakah dia telah mengalami simptom tersebut? <i>According to patient, how long had he / she been experiencing these symptoms</i> (b) Pada pendapat anda, berapa lamakah simptom tersebut telah wujud? <i>How long do you think these symptoms had lasted?</i>	
9.	Pernahkah sebelum ini pesakit menerima rawatan untuk simptom di atas? Jika ada, sila nyatakan nama dan alamat doktor serta tarikh rawatan. <i>Had patient previously received any treatment for above symptoms? If yes, please furnish name, address of doctors and dates of consultation.</i>	
10.	Adakah sebarang siasatan, ujian atau prosedur dilakukan? Jika ada, sila nyatakan maklumat lanjut atau sertakan salinan keputusan asal yang disahkan. <i>Have any investigation, test or procedure been performed? If yes, please furnish the details or certified true copy of the result.</i>	
11.	(a) Apakah diagnosis anda? <i>What was your diagnosis?</i> (b) Sebab dan patologi berkaitan diagnosis di atas <i>Cause and pathology underlying the present diagnosis</i> (c) Adakah anda memberitahu pesakit tentang diagnosis tersebut? Jika ya, sila nyatakan tarikh. <i>Did you inform the patient of the diagnosis? If yes, please provide date.</i>	

12.	<p>(a) Rawatan perubatan diberi <i>Medical treatment given</i></p> <p>(b) Jenis pembedahan yang dilakukan <i>Nature of operation performed</i></p> <p>(c) Nama pakar bedah <i>Name of surgeon</i></p> <p>(d) Tarikh pembedahan dilakukan <i>Date surgery performed</i></p>	
13.	Adakah kemungkinan pesakit menghidapi semula penyakit tersebut? <i>Any possibility of patient having relapse?</i>	<input type="checkbox"/> Ya/ Yes <input type="checkbox"/> Tidak/ No
14.	<p>Adalah penyakit/ keadaan berkaitan dengan berikut? Jika ya, sila ✓ / <i>Is the illness/ condition related to the following? If yes, please ✓:</i></p> <p><input type="checkbox"/> Pembedahan Kosmetik/ Plastik,Pemeriksaan Perubatan Rutin/ <i>Cosmetic / plastic surgery, routine health screening</i></p> <p><input type="checkbox"/> Kemabukan, Penyalahgunaan Dadah, AIDS, venereal disease/ <i>Intoxication, illegal drugs, AIDS, penyakit kelamin</i></p> <p><input type="checkbox"/> Tindakan Melukakan Diri Sendiri,Bunuh Diri,Percubaan Bunuh Diri/ <i>Self inflicted injury, suicide, attempted suicide</i></p> <p><input type="checkbox"/> Kongenital/ Penyakit Keturunan/ <i>Congenital / hereditary conditions</i></p> <p><input type="checkbox"/> Penyakit Mental/ Penyakit Susah Tidur/ <i>Psychotic / mental disorder/ nervous/sleep disorder</i></p> <p><input type="checkbox"/> Sukan Berbahaya, Tindakan Melanggar Undang-undang/ <i>Hazardous sports, unlawful act</i></p> <p><input type="checkbox"/> Tiada di atas/ <i>None of the above</i></p>	
15.	<p>Pernahkah sebelum ini pesakit diberi rawatan atau dimasukkan ke hospital ini atau hospital-hospital lain untuk rawatan penyakit ini atau penyakit-penyakit lain? Sila nyatakan. <i>Has the patient previously been treated or hospitalized in this or any other hospital for this or any other disease? Please state:</i></p> <p><u>Tarikh / Date</u> <u>Penyakit / Disease / Illness</u> <u>Rawatan/ Details of Treatment</u> <u>Doktor/ Hospital/ Klinik / Doctor/ Hospital / Clinic</u></p>	
16.	<p>Untuk pesakit wanita sahaja / <i>For female patients only</i></p> <p>(a) Adakah pesakit hamil ketika dimasukkan ke hospital? <input type="checkbox"/> Tidak/ No <input type="checkbox"/> Ya/ Yes _____ <i>Was the patient pregnant at the time of hospitalization</i></p> <p>(b) Adakah penyakit dengan secara langsung atau tidak langsung disebabkan oleh kehamilan / melahirkan anak / pembedahan caesarian / menggugurkan / keguguran dan lain-lain kesakitan yang berkaitan? Sila beri lanjutan. <i>Was illness caused directly or indirectly by pregnancy / child birth / caesarean section / abortion / miscarriage and all complications arising therefrom? Please elaborate.</i></p>	

Pengisytiharan / Declaration

Saya dengan ini mengesahkan bahawa saya sendiri telah memeriksa dan merawat pesakit untuk kecederaan/ penyakit yang dialami beliau seperti tersebut diatas dan semua jawapan di atas adalah benar setakat pengetahuan saya.

I hereby certify that I have personally examined and treated the patient for his/ her injuries/ illness described above and the above answers are all true to the best of my knowledge.

Tandatangan Doktor yang Merawat
Signature of Attending Physician

Cop Nama & Hospital/ Klinik
Official stamp

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 Pemegang Polisi / Penuntut
Signature of Policyowner / Claimant

Nama/ Name: _____

No. KP/ NRIC: _____

Alamat/ Address: _____

No. Telefon Bimbit
Mobile phone number: _____

Tarikh/ Date: _____

Tandatangan Saksi
Signature of Witness

Nama/ Name: _____

No. KP/ NRIC: _____

Alamat/ Address: _____

No. Telefon Bimbit
Mobile phone number: _____

Tarikh/ Date: _____

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BORANG E_BAYARAN / e_PAYMENT APPLICATION FORM
(PENTING: TULIS DALAM HURUF BESAR/CETAK DENGAN JELAS) / (IMPORTANT : WRITE IN BLOCK / PRINT CLEARLY)

Kepada / To: MCIS INSURANCE BERHAD
PER/ RE : NO POLISI / POLICY NO: _____

Saya mengizinkan/ memberi kebenaran MCIS INSURANCE BERHAD (merujuk kepada MCIS LIFE) mengkreditkan bayaran insurans saya ke akaun bank seperti yang dinyatakan dibawah:-
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 give 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.

Nama Bank/ Bank Name : _____

No Akaun Bank/ Bank Account No

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No. Identiti seperti di Akaun Bank/
Identity No. as per bank A/C : _____

No Telefon Bimbit/ Mobile Phone No. : _____

Alamat E-mel/ E-mail Address : _____

Nama/ Name : _____

Tarikh/ Date : _____

Tandatangan Pemegang Polisi/ Penuntut
Policyowner / Claimant Signature

Pilihan dikenakan kepada/ Semua Polisi/
Option apply to : All Policies Polisi Semasa/
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 / Bank Name	Angka Digit	Nama Bank / Bank Name	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 Nasional	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