

DEATH CLAIM FORM – DOCTOR STATEMENT



Certificate No.		New NRIC No.		-		-	
Certificate No.							
Name of Deceased							

The above name is covered with GREAT EASTERN TAKAFUL BERHAD against the happening of certain contingent events associated with his / her health. A claim has been submitted for Death benefit and to enable us to assess the claim, kindly complete this confidential report.
(For any fee incurred in completing this form, it will be borne by claimant)

DECLARATION: TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SPECIALIST

I hereby certify that :

- ☐ I am the patient's attending doctor, and I have personally examined and treated the patient for the illnesses and injuries sustained; OR
- ☐ This medical report has been prepared on behalf of the treating doctor based on medical records.

Name:

Signature and Official Stamp

SECTION A. DECEASED'S MEDICAL RECORD

1) Date of Death	/ / (DD/MM/YYYY)
2) Did you attend to the Deceased's last illness? If "YES", please state the:	☐ Yes ☐ No
(i) What were the symptoms presented?	
(ii) Date of symptoms started	/ / (DD/MM/YYYY)
(iii) What was the diagnosis?	
(iv) Was the illness/condition caused directly or indirectly by Suicide/Attempted Suicide/Self-inflicted injuries?	☐ Yes ☐ No If "YES", please elaborate in detail.
3) Please provide us with any other additional information about the illness/ accident or Deceased that you may think is relevant.	

CLM-MSADB-V02-082025-TAKAFUL

Great Eastern Takaful Berhad 201001032332 (916257-H)

Head Office: Menara Great Eastern 303 Jalan Ampang 50450 Kuala Lumpur
Customer Service Careline: 03-4259 8350 Fax: +603 4259 8808
E-mail: mikrosayang@greastertakaful.com Website: www.mikrosayang.com

SECTION B. This section is applicable to ACCIDENTAL DEATH only

Please attach certified true copies of ALL the relevant laboratory evidences / tests available

☐ Post-mortem or Autopsy report☐ Alcohol / drug test report

1) Date and Time of Accident

 / / (DD/MM/YYYY) _____ a.m / p.m

2) Nature of Accident (please tick only one)

☐ Road Traffic Accident☐ Fall from Height / Building☐ Drowning☐ Industrial / Accident at Work☐ Fire☐ Air / Rail / Ship Disaster☐ Explosion☐ Sports Related☐ Others, please describe:

3) Please describe how the accident happen?

4) Was the Deceased suspected to be under the influence of any alcohol or drugs?

☐ Yes☐ No

If "YES", was there any sample of urine or blood sent for further test?

☐ Yes☐ No

5) In your opinion / investigation, do you think that death was resulted from the accident?

☐ Yes☐ NoIf "No", please elaborate in detail.

_____**Declaration to be completed by Attending Physician/ Specialist**

I, the undersigned, certify that I confirmed all statements made and answers given are true and to the best of my knowledge and belief.



Signature and Official Stamp

Name:

Address:

Date: / / (DD/MM/YYYY)