TOKIO MARINE
INSURANCE GROUP

DEATH CLAIM DOCTOR'S STATEMENT
PERNYATAAN DOKTOR TUNTUTAN KEMATIAN

The below named is insured with us against the happening of a certain contingent event associated with his/her health. A claim has been submitted for Death benefit and to enable us to access the claim, kindly complete this confidential report.
Orang yang namanya dinyata dibawah diinsuranskan dengan kami terhadap kejadian tertentu yang berlaku. Satu tuntuan berkaitan dengan kemtian manfaat telah diserahkan kepada kami dan untuk membolehkan kami memproses tuntutan tersebut, kami menghargai kerjasama anda melengkapkan borang ini.

Note: This form is to be completed at the claimant's expense. *Borang ini untuk diisi atas perbelanjaan penuntut.*

Name of the Deceased Life Assured *Nama Si Mati yang Diinsuranskan*			
1.	(a)	The Deceased's identity card number from your records / *Nombor kad pengenalan si mati daripada rekod anda*	
	(b)	Date and time of death / *Tarikh dan masa kematian*	
	(c)	Place where death occurred / *Tempat kematian*	
	(d)	Occupation / *Pekerjaan*	
2.	(a)	Were you the Deceased's ordinary medical attendant? *Adakah anda doktor yang biasa bagi Si Mati?*	☐ Yes / *Ya* ☐ No / *Tidak*
	(b)	If yes, for how long? *Jika ya, sudah berapa lama?*	_____ (Please state / *Sila nyatakan* days/weeks/months / *hari/minggu/bulan*)
	(c)	Did you attend to the Deceased during his/her last illness? / *Adakah anda merawat Si Mati semasa penyakit terakhir beliau?*	☐ Yes / *Ya* ☐ No / *Tidak* _____ (DD/MM/YY / *HH/BB/TT*)
	(d)	Was the illness found out during a routine medical check-up? / *Adakah penyakit itu diketahui semasa rutin pemeriksaan kesihatan*	☐ Yes / *Ya* ☐ No / *Tidak* _____ (DD/MM/YY / *HH/BB/TT*)
	(e)	Was the Deceased referred to you by any other doctor? If yes, please give the full name & address of the doctor and enclose a copy of the referral letter. *Adakah Si Mati dirujuk kepada anda oleh doktor lain? Jika ya, sila nyatakan nama & alamat penuh doktor dan sertakan salinan surat rujukan.*	☐ Yes / *Ya* ☐ No / *Tidak* Name / *Nama :* Address / *Alamat :*
	(f)	What were the symptoms complained of? *Apakah gejala yang mengadu?*	
	(g)	How long had the Deceased been experiencing these symptoms prior to consulting you? / Berapa *lamakah Si Mati telah mengalami gejala-gejala ini sebelum berunding dengan anda?*	_____ (Please state / *Sila nyatakan* days/weeks/months / *hari/minggu/bulan*)
	h)	How long, in your opinion, did the Deceased suffer from this medical condition and was the Deceased under any treatment/ medication? / *Berapa lama pada pendapat anda, Si Mati engalami keadaan perubatan ini dan adakah Si Mati di bawah apa-apa rawatan / ubat-ubatan?*	_____ (Please state / *Sila nyatakan* days/weeks/months / *hari/minggu/bulan*)

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	(i)	When and where were the medical condition first diagnosed? Kindly furnish us a copy of the investigation report confirming the diagnosis. / *Bila dan di mana keadaan perubatan telah mula dikesan? Sila sertakan satu salinan laporan siasatan mengesahkan diagnosis.*	Date / *Tarikh* _____ (DD/MM/YY / *HH/BB/TT*) Place / *Tempat* _____ Diagnosis / D*iagnosis* _____
	(j)	When was the Deceased first informed of the diagnosis? *Bilakah Si Mati pertama sekali diberitaju penyakit tersebut.*	DD _____ *HH* MM _____ *BB* YY _____ *TT*

(k) Please state name(s) and address(es) of any other practitioner who had attended to the Deceased. *Sila nyatakan nama dan alamat pengamal lain yang telah menghadiri kepada Si Mati.*

Date *Tarikh*	Name & address of the Doctor *Nama dan alamat Doktor*	Disease & treatment *Penyakit & Rawatan*

3. Cause of Death / *Sebab-sebab kematian*		Approximate interval between onset and death *Jangka masa antara mula sakit dengan kematian*			
		Years *Tahun*	Months *Bulan*	Days *Hari*	Hours *Jam*
(a)	Disease or Condition leading to death. *Apakah punca utama kematiannya* (i)				
	(ii)				
	(iii)				
(b)	Antecedent Causes / *Penyakit Sebelum Ini* (i)				
	(ii)				
	(iii)				
(c)	Other significant conditions *Keadaan-keadaan lain yang ketara*				

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	(d)	Is the cause of death related to any of the following? *Adakah punca kematian berkaitan dengan mana-mana yang berikut?*	☐ Contributing family history (e.g., diabetes, high blood pressure) / *Penyumbangan sejarah keluarga (seperti diabetes, tekanan darah tinggi)* If yes, please indicate / *Jika ya, sila nyatakan* _____ ☐ Alcohol or Substance Abuse/Addiction / *Alkohol atau Ketagihan/ Penyalahgunan dadah* ☐ The Deceased's occupation / *Pekerjaan Si Mati* ☐ Previous sickness/illness (e.g., diabetes, high blood pressure) / *Penyakit sebelumnya (seperti diabetes, tekanan darah tinggi)* If yes, please indicate / *Jika ya, sila nyatakan* _____ ☐ AIDS/HIV Positive / *AIDS/HIV Positif* ☐ Self-inflicted injuries/Violation of laws/Strike/Riots *Kecederaan diri sendiri/Aktiviti jenayah/Mogok/Rusuhan* ☐ Others / *Lain-lain* _____ For female only / *Untuk perempuan sahaja* ☐ *Pregnancy/Childbirth/Infertility/Impotence* *Kehamilan/Melahir anak/ kemandulan/Impoten*
4.	To be **COMPLETED ONLY** if the cause of death is due to an accident *Untuk **DILENGKAPKAN HANYA** jika kematian adalah disebabkan kemalangan*		
	(a)	Date and Time of Accident *Tarikh dan Masa Kemalangan*	DD MM YY _____*HH* _____*BB* _____*TT*
	(b)	Nature of Accident / *Jenis Kemalangan*	
	(c)	Please describe how the accident happen *Sila terangkan bagaimana kemalangan itu berlaku.*	
	(d)	Was the Deceased suspected to be under the influence of any alcohol or drugs? / *Adakah Si Mati disyaki berada di bawah pengaruh alkohol atau dadah*	☐ Yes / Ya (If Yes, please enclosed a certified true copy of toxicology report / *Jika Ya, sila lampirkan satu salinan yang diperakui benar laporan toksikologi*) ☐ No / *Tidak*

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	(e)	In your opinion / investigation, do you think that the death resulted from the accident? *Pada pendapat / penyiasatan anda, adakah anda berfikir bahawa kematian akibat kemalangan tersebut*	☐ Yes / No ☐ No / *Tidak* (If No, please elaborate in detail / *jika tidak, sila nyatakan secara terperinci*) _____
5.		For how long was the Deceased hospitalised, confined to house or prevented from attending to business? *Berapa lamakah Si Mati dimasukkan ke hospital, terlantar di rumah atau dihalang daripada bekerja?*	_____ (Please state / *Sila nyatakan* days/weeks/months / *hari/minggu/bulan*)
6.		Was there any predisposing cause of the Deceased's death in his/ her habits (use of alcohol, narcotics, etc.), family history, occupation or previous sickness? / *Adakah kematian Si Mati disebabkan oleh tabiatnya (pengambilan alkohol, narkotik dan sebagainya), sejarah keluarga, pekerjaan atau penyakit terdahulu?*	☐ Yes / No ☐ No / *Tidak*
7.		Please provide any other information that will enable us to assess this claim. / *Sila berikan maklumat lain yang akan membolehkan kami menilai tuntutan ini.*	

I hereby declare that the above information given is correct to the best of my knowledge and belief.
Saya dengan ini mengaku bahawa setiap dan semua jawapan di atas adalah benar sepanjang pengetahuan dan kepercayaan saya.

Name / *Nama:*

Professional Qualification:
Kelayakan Professional:

Address/ *Alamat*:

Date / *Tarikh* : ☐☐ / ☐☐ / ☐☐☐☐

Signature and Official Stamp / *Tandatangan dan Cop Amalan*

DD / *TT* MM / *BB* YYYY / *TTTT*

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