

**TOTAL AND PERMANENT DISABILITY BENEFITS (TPD) CLAIM FORM (to be completed by the Assured) BORANG TUNTUTAN FAEDAH HILANG UPAYA TOTAL & KEKAL (untuk dilengkapi oleh Si Pemegang Polisi)**



|                          |                      |   |  |
|--------------------------|----------------------|---|--|
| Policy No.<br>No. Polisi | <input type="text"/> | New NRIC No.<br>No. KP Baru                                     | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Policy No.<br>No. Polisi | <input type="text"/> | Old NRIC/BC/Passport No.<br>No. KP Lama/Sijil Kelahiran/Pasport | <input type="text"/>   |
| Policy No.<br>No. Polisi | <input type="text"/> | Name of Life Assured<br>Nama Hayat yang Diasuranskan            | <input type="text"/>   |
| Policy No.<br>No. Polisi | <input type="text"/> |   |  |
| Policy No.<br>No. Polisi | <input type="text"/> |   |  |

| 1. PERSONAL PARTICULARS BUTIR-BUTIR PERIBADI  |  |
|---|--|
| a) Address <i>Alamat</i>  | b) Business Address <i>Alamat Perniagaan</i>   |
| Postcode<br><i>Poskod</i>   | Postcode<br><i>Poskod</i>  |
| Tel No<br><i>No Tel</i>   | Tel No<br><i>No Tel</i>  |
| c) What is the highest level of education do you have? (primary, secondary, diploma, degree, post graduate) <i>Tahap pendidikan tertinggi yang diperolehi: (sekolah rendah, sekolah menengah, diploma, ijazah, lepasan ijazah)</i>  | d) Are you currently confined to bed / house / hospital. <i>Adakah anda kini terlantar di katil / rumah / hospital.</i>  |
| e) When were you last able to work? <i>Tarikh terakhir anda boleh bekerja.</i>  | f) State the date when you are expected to resume your work and daily activities. <i>Nyatakan tarikh anda dijangka kembali bekerja dan menjalankan aktiviti harian anda.</i>   |
| g) Are you entitled for compensation from other Insurer or any sources. <b>Please provide details. Provide certified copies of the offer letter.</b> <i>Adakah anda berhak untuk pampasan dari syarikat insurans lain atau mana-mana sumber? Sila berikan butir-butirnya serta salinan surat tawaran yang disahkan.</i> | h) If your service is terminated, please confirm the effective date and <b>provide copy of the termination letter.</b> <i>Jika perkhidmatan anda ditamatkan, sila nyatakan tarikh berkuatkuasa dan berikan salinan surat tamat perkhidmatan.</i> |
| Policy / Refn.No<br><i>No Polisi / Rujukan</i>  | Name of Sources<br><i>Nama Sumber</i>  |

| 2. PARTICULARS OF OCCUPATION BUTIR-BUTIR PEKERJAAN  |  |  |  |
|---|--|--|--|
| Please list the jobs held in the past 3 years <i>Senaraikan pekerjaan anda untuk tempoh 3 tahun yang lepas.</i> |  |  |  |
| Dates (From -To)<br><i>Tarikh (Dan-Hingga)</i>  | Job Title & Employer's Address<br><i>Nama Jawatan &amp; Alamat Majikan</i> | Exact Duties of Work<br><i>Jenis Kerja Sebenar</i> | Average monthly Income (RM)<br><i>Pendapatan Purata bulanan (RM)</i> |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   |

| 3. PARTICULARS OF YOUR CURRENT EMPLOYMENT BUTIR-BUTIR PEKERJAAN SEKARANG (SILA NYATAKAN DENGAN LANJUT)                                    |  |
|---|--|
| WORK AREA<br><i>SKOP PEKERJAAN</i>  | JOB SKILLS<br><i>KEMAHIRAN PEKERJAAN</i>   |
| a) What kind of environment do you work in? (office, factory, etc) <i>Persekitaran tempat kerja anda? (pejabat, kilang dan lain-lain)</i> | a) What is the qualification and / or skills needed for the job? <i>Kelulusan dan / atau kemahiran yang diperlukan dalam pekerjaan anda?</i> |
| b) Are you in management or supervisory capacity? <i>Adakah anda menjalankan tugas-tugas pengurusan atau penyeliaan?</i>                  | b) Any special skills required? <i>Adakah kemahiran khas diperlukan?</i>   |
| c) Do you operate any machinery or special equipments? <i>Adakah anda mengendalikan mesin atau alat-alat khas yang lain?</i>              | c) What level of practical experience is required? <i>Apakah tahap pengalaman praktikal yang diperlukan?</i>                                 |

| 4. TRAVEL & BUSINESS HOURS PERJALANAN KE TEMPAT KERJA DAN WAKTU BEKERJA  |   |
|--|---|
| a) What is your normal working hours and days? <i>Apakah waktu dan hari bekerja yang biasa?</i>  | Does your work require you to: <i>Adakah pekerjaan anda memerlukan anda untuk:</i>                      |
| b) Are you required to work on shift, Sunday or on-call? <i>Adakah anda diperlukan bekerja syif, pada hari Ahad atau bila dipanggil?</i> | a) Driving a car <i>Memandu kereta?</i>   |
| c) How do you go to work? <i>Bagaimanakah anda pergi ke tempat kerja?</i>  | b) Driving other vehicles <i>Memandu kenderaan lain?</i>  |
| d) What is the distance of travel to go to your normal place of work? <i>Jarak perjalanan ke tempat kerja anda?</i>                      | c) Climbing ladders or heights? <i>Memanjat tangga atau tempat tinggi?</i>                              |
|  | d) Carrying heavy loads <i>Membawa barangan berat?</i>  |
|  | e) Lifting heavy loads <i>Mengangkat barangan berat?</i>  |
|  | f) Crawling or kneeling <i>Merangkak atau melutut?</i>  |
|  | g) Travelling away from your normal place of work? <i>Keluar dari tempat kerja yang biasa?</i>          |
|  | h) Other physical exertions? Please specify. <i>Lain-lain penggunaan tenaga fizikal? Sila nyatakan.</i> |

| 5. TO BE COMPLETED BY A SELF-EMPLOYED PERSON ONLY UNTUK DIISI OLEH ORANG YANG BEKERJA SENDIRI SAHAJA   |  |
|--|--|
| a) Please name your business / Company <i>Berikan nama perniagaan / Syarikat anda.</i>   | b) What is the nature of your business? <i>Jenis perniagaan anda?</i>  |
| c) Are there any other proprietors or directors of the business? <i>How many? Adakah terdapat pemilik atau pengarah yang lain di dalam perniagaan ini? Berapa orang?</i> | d) Please provide your business registration number and your Company registration number, if incorporated. <i>Sila berikan no. pendaftaran perniagaan atau Syarikat, jika didaftarkan.</i> |

CLM-TPDCF-V01-032006

**6. TO BE COMPLETED IF DISABILITY CAUSED BY AN ACCIDENT UNTUK DIISIKAN JIKA HILANG UPAYA DISEBABKAN OLEH KEMALANGAN**

|   |   |
|---|---|
| <p>a) <b>When did the accident happen?</b> <i>Bila kemalangan berikut berlaku?</i></p> <p>Date <i>Tarikh:</i> _____</p> <p>Time <i>Masa:</i> _____ am/pm <i>pagi/petang</i></p> <p>Where <i>Tempat:</i> _____</p> | <p>b) <b>Describe in detail how the accident happened.</b> <i>Nyatakan secara terperinci bagaimana kemalangan berlaku.</i></p>            |
| <p>c) Please provide the <b>police report number and a copy of it</b> and details of any witness. <i>Sila berikan nombor laporan polis dan salinan laporan serta butir-butir mengenai saksi, jika ada:</i></p>    | <p>d) Describe the extent of the injuries sustained in the accident. <i>Nyatakan tahap kecederaan yang dialami akibat kemalangan.</i></p> |

**7. TO BE COMPLETED IF DISABILITY CAUSED BY AN ILLNESS UNTUK DIISI JIKA HILANG UPAYA DISEBABKAN OLEH PENYAKIT**

|   |   |
|---|---|
| <p>a) Please fully describe the condition or the symptoms. <i>Nyatakan dengan terperinci keadaan atau tanda-tanda penyakit anda?</i></p>  | <p>b) <b>When did the symptoms / condition first appear?</b> <i>Bilakah tanda-tanda / keadaan itu mula-mula timbul?</i></p>                                   |
| <p>c) <b>What is the exact diagnosis and when was it made known to you?</b> <i>Apakah keputusan diagnosis dan bilakah anda diberitahu mengenainya?</i></p>  | <p>d) Provide the name and address of the doctor who had made the diagnosis? <i>Berikan nama dan alamat doktor yang telah membuat diagnosis tersebut?</i></p> |
| <p>e) What tests or investigations were done to confirm the diagnosis? <i>Apakah ujian atau penyiasatan yang telah dibuat untuk mengesahkan diagnosis itu?</i></p>  | <p>f) What are the treatments you undergoing currently? <i>Apakah rawatan yang diterima sekarang?</i></p>   |
| <p>g) Were you suffering from any other illness or related conditions prior to the onset of the disability? Please state the illness or condition and the details of treatment (by whom, address and when) <i>Adakah anda menghidap apa-apa penyakit lain atau keadaan yang berkaitan sebelum hilang upaya bermula? Sila nyatakan penyakit atau keadaan dan butir-butir rawatan (oleh siapa, alamat dan bila)</i></p> |   |

**8. THIS SECTION MUST BE FULLY COMPLETED BAHAGIAN INI MESTILAH DIISI DENGAN LENGKAP****DETAILS OF DOCTORS YOU HAVE CONSULTED PRIOR TO THE DISABILITY BUTIR-BUTIR DOKTOR YANG MERAWAT ANDA SEBELUM BERLAKU HILANG UPAYA**

| Name <i>Nama</i> | Address <i>Alamat</i> | Date of Consultation <i>Tarikh Rawatan</i> | Reason of Consultation <i>Sebab Rawatan</i> |
|------------------|-----------------------|--|---|
|                  |                       |  |   |

**DETAILS OF DOCTORS YOU HAVE CONSULTED SINCE THE DISABILITY BUTIR-BUTIR DOKTOR YANG MERAWAT ANDA SEMENJAK HILANG UPAYA**

| Name <i>Nama</i> | Address <i>Alamat</i> | Date of Consultation <i>Tarikh Rawatan</i> | Reason of Consultation <i>Sebab Rawatan</i> |
|------------------|-----------------------|--|---|
|                  |                       |  |   |

**9. DECLARATION BY THE ASSURED / LIFE-TO-BE ASSURED PENGAKUAN OLEH PEMEGANG POLISI / ORANG YANG DIASURANSKAN**

I declare the above answers are true and correct. I also consent the Company in seeking information regarding myself from any doctor, hospital, insurance companies, employer and any organisation and authorise in giving such information. A photocopy of this document deem to be accepted as a true consent letter. *Saya mengaku bahawa jawapan di atas adalah benar. Saya juga mengizinkan Syarikat mendapatkan maklumat tentang saya dari mana doktor, hospital, syarikat insurans, majikan dan mana-mana organisasi dan mengizinkan maklumat tersebut diberikan. Salinan fotokopi dokumen ini dianggap sebagai surat keizinan yang sah.*

I understand that The Great Eastern Life Assurance (Malaysia) Berhad will not be deemed to have admit the liability of the claim by issuing the form and investigating my claim or accepting evidence of my claim. *Saya faham bahawa Great Eastern Life Assurance (Malaysia) Berhad tidak dianggap mengakui liabiliti tuntutan dengan pemberian borang ini, menjalankan penyiasatan tuntutan saya atau penerimaan bukti tuntutan.*

Signature of the Life Assured *Tandatangan Hayat yang Diasuranskan* \_\_\_\_\_

Signature of Witness *Tandatangan Saksi* \_\_\_\_\_

NRIC No *No KP* \_\_\_\_\_

Name *Nama* \_\_\_\_\_

Tel No *No Tel* \_\_\_\_\_

Address *Alamat* \_\_\_\_\_

Signature of the Assured *Tandatangan Pemegang Polisi*

(if different life from the Life Assured) *(jika lain Hayat yang Diasuranskan)*

NRIC No *No KP* \_\_\_\_\_

Tel No *No Tel* \_\_\_\_\_

Address *Alamat* \_\_\_\_\_

Note: All photocopies of the documents submitted must be certified by a person of prominent standing such as our Company authorised officers, Doctors, Magistrate, Ketua Balai Polis, Commissioner for Oath, Public Notary or Advocate & Solicitor.

*Nota: Semua salinan fotokopi dokumen yang diserahkan mestilah disahkan oleh pegawai Syarikat kami, Doktor, Majistret, Ketua Balai Polis, Pesuruhjaya Sumpah, Notari Awam atau Peguambela dan Peguamcara.*

I wish to receive the claim cheque\* by : *Saya ingin menerima cek tuntutan\* melalui:*  Post *Pos*  Collected by third party *Diambil oleh pihak ketiga*  
(please give an authorised letter to the third party for every payment) *(sila berikan surat keizinan kepada pihak ketiga untuk menerima cek pada setiap pembayaran)*

Name of the third party *Nama pihak ketiga* \_\_\_\_\_ Tel No *No Tel* \_\_\_\_\_

\* subject to admission of liability by the Company \* *tertakluk kepada pengakuan liabiliti oleh Syarikat*

**10. AGENT'S / OFFICER'S DECLARATION PENGAKUAN EJEN / PEGAWAI**

I hereby declare that I have sighted the original \*NRIC/Passport/Birth Certificate of the Life Assured and verified the identity of the Life Assured through the use of such \*NRIC/Passport/Birth Certificate. *Saya mengesahkan identiti Hayat yang Diasuranskan setelah melihat \*Kad Pengenalan/Passport/Sijil Kelahiran yang asli.*

Signature of the \*Agent / Officer *Tandatangan \*Ejen / Pegawai* \_\_\_\_\_ Name *Nama* \_\_\_\_\_

*"Sekiranya wujud sebarang percanggahan atau pertikaian dalam penggunaan istilah dan/atau terma-terma di dalam borang ini, rujukan akan dibuat mengikut terma di dalam Bahasa Inggeris".*