

GROUP CLAIMS DIRECT CREDIT FORM

GROUP MAJOR CLAIMS DIRECT CREDIT

Section A: Details of Contract Holder/ Payee*

*Note:

- i. Payee refers to any person /company who is the person entitled to the Policy monies, e.g. policy owner, life assured, nominee, assignee, trustee, Public Trustee/ Amanah Raya, executor/ executrix, administrator/ administratrix, or for group employee benefit policies, employer.
- ii. If the Payee is a minor; payments shall only be made to accounts maintained by the parent or lawful guardian.

Name of Contract Holder/ Payee				
New NRIC No. / Other ID No.			Contract No.	
Company Registration No. <i>(If Payee is Master Contract holder)</i>				
Contact Details	Phone	Mobile:	House:	
	Fax No.		Email	Office:
Current Corresponding Address				
Postcode:		Town:		State:

Section B: Bank Details

Bank Account Details <i>(Current or Savings Account)</i>	Bank Name																	
	Bank Account Holder Name																	
	Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings															
	Joint Account holder Name																	
	Joint Account holder NRIC																	
	Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION & AUTHORIZATION

- I, agree, consent and allow Etiqa Family Takaful Berhad (Etiqa) (hereinafter called "Etiqa Takaful") to process my personal data (including sensitive personal data) ('Personal Data') with the intention of processing this Claim Form, in compliance with the provisions of the Personal Data Protection Act 2010.
- I, understand and agree that any Personal Data collected or held by Etiqa Takaful contained in this Form may be held, used, processed and disclosed by Etiqa Takaful to individuals and/or organizations related to and associated with Etiqa Takaful or any selected third party (within or outside Malaysia, including financial institutions, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing claims payment and providing subsequent service related to it and to communicate with me for such purposes. I agree that a photocopy of this authorization shall be considered as effective and valid as original.
- I agree that a copy of documents submitted shall be as valid as the original. I confirm that the information given on this online submission form is to the best of my knowledge and belief, true in every aspect. I understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution.
- That the foregoing answers and statements given above are complete and true to the best of my knowledge and belief, and that I have withheld no material facts from the Company.
- That any difference, if any, in respect of the details contained in the enclosed supporting document and the information presented to Etiqa Takaful in this form refers to the same person. I understand and agree that Etiqa has the sole discretion to reject this application if the information given is false or insufficient.

Signature/ Thumbprint of Contract holder/ Payee
Name:
Date :

Official Stamp with designation of
(For Company)
Date: