HongLeong Assurance

C009412030

Policy No. : ____________________

Claim No. : ____________________

Agent Who Submits the Claim : ____________________

Submission Branch : ____________________

CLAIM NOTIFICATION FORM

Part I – Particulars of Event Person

1. Name :	2. New IC No./Passport No.:

Part II – Particulars of Person Who Notifies the Claim

1. Name:	2. New IC No./Passport No.:
3. Contact No.:	4. Email address:
5. Relationship to event person:	6. Date Customer Informed Agent of the Claim: (dd/mm/yyyy)

7. Correspondence address:

8. If there is a delay in claim notification for more than 6 months from event date, please state the reason:

Part III – Nature of Event

1. Diagnosis:

2. Claim type:

a) Major Claim (original sighted copy of death certificate is an essential requirement at the time of notification.)

- ☐ Death
- ☐ TPD
- ☐ Dread Disease
- ☐ Old Age Disablement
- ☐ Congenital Anomalies
- ☐ Pregnancy Care/ Complications
- ☐ Others. Please specify:

b) Minor Claim

- ☐ Hospital Benefit / Hospital Cash Income
- ☐ Healthnet
- ☐ Dismemberment
- ☐ Hospital and Surgical
- ☐ Weekly Indemnity
- ☐ Hospital Benefit for Childbirth
- ☐ Others. Please specify:

3. Date and Time of Event: (dd/mm/yyyy) am / pm	4. Cause of Event: ☐ Accidental ☐ Non-accidental ☐ Suicide ☐ Covid-19 Related
5. Place of Event:	6. How did accident occur?

Part IV – Particulars of Claimant / Next of Kin

1. Name:	2. Designation/Occupation:
3. New IC No./Passport No.:	4. Date of Birth (dd/mm/yyyy):
5. Nationality:	6. Contact No:
7. Email Address:	8. Relationship to event person:
9. Residential Address:	10. Mailing/Correspondence Address:

Part V – Declaration

I declare the above information given is correct to the best of my knowledge and belief.

____

Signature of person who notifies the claim

Date(dd/mm/yyyy) :

Hong Leong Assurance Berhad 198201014849 (94613-X)
Level 3, Tower B, PJ City Development, No. 15A, Jalan 219, Seksyen 51A, 46100 Petaling Jaya, Selangor.
P.O. Box 120, 46710 Petaling Jaya.
Telephone 03-7650 1818 **Facsimile** 03-7650 1991 **Service Tax ID** W10-1808-32000886
Customer Service Hotline 03-7650 1288 **Customer Service Hotfax** 03-7650 1299

www.hla.com.my

C009422050