AmMetLife Takaful Berhad (931074-V) Licensed Takaful Operator
Level 23, Menara 1 Sentrum, No. 201, Jalan Tun Sambanthan, 50470 Kuala Lumpur
1300 22 9777 +603 2272 3229 customercare@ammetlifetakaful.com
Type AMT<space>message send to 33911 ammetlifetakaful.com

AmMetLife Takaful

Total & Permanent Disability Claim Form
(FinanceSecure-i/HomeSecure-i/AutoSecure-i/BizSecure-i Plus)

Certificate Number

Master Certificate Holder

Full Name of Participant	
New NRIC No.	- -
Old NRIC No. / Passport No.	
Gender	☐ Male ☐ Female
Date of Birth	/ /
Occupation	
Residential Address	
Name of Next of Kin	
Relationship	
Telephone No.	
Date joined Group certificate	/ /
Date financing fully disbursed	/ /
Date of last contribution paid	/ /

1. Date and Place of Death : / / at .....
2. Sum Covered : .....

Important Notes*
This form is to be submitted together with the Original Certificate Contract, Confidential Medical Certificate TPD, all medical test result including MRI/CT Scan, Dialysis card etc., Medically Boarded Out Letter from employer, Police Report or other documents required by the AmMetLife Takaful Berhad in order to process this claim.

DECLARATION BY MASTER CERTIFICATE HOLDER

1. I/We understand and agree that AmMetLife Takaful shall have the right to use my/our data and personal information for the purpose of the Takaful operational process which might include transfer of data and personal information, within or outside Malaysia, to MetLife Group, AmMetLife Takaful's other related companies, subsidiaries and/or its holding companies, outsourcing partners, retakaful operators, solicitors, affiliate companies including their outsourcing partners and to any regulatory bodies, or any relevant foreign tax authority, including any reporting obligations by AmMetLife Takaful, its shareholders or its related/affiliated entities under the United States Foreign Account Tax Compliance Act (FATCA).
2. I/We understand that I/We have a right to obtain access and to request correction of any data and personal information held by AmMetLife Takaful concerning me/us. Such request can be made via a written request to AmMetLife Takaful.
3. I/We have read and understood the AmMetLife Takaful's Privacy Notice, which is available at AmMetLife Takaful website and branches.
4. I/We understand that AmMetLife Takaful will deduct any withholding required by FATCA.
5. I/We further understand that AmMetLife Takaful reserves the right, within its sole discretion, to cancel the Certificate in the event that appropriate documentation of my/our US[1] or non-US status for purposes of FATCA is not timely provided to AmMetLife Takaful. In particular, in the event that applicable laws or regulations of Malaysia would prohibit withholding on payments to the Certificate or prohibit the reporting of the Certificate, and no waiver of such local law is obtained, AmMetLife Takaful reserves the right to terminate the Certificate.
6. I/We further understand that AmMetLife Takaful shall not pay the takaful benefits if the event of claim is due or arised from any of the events prescribed under the exclusion clause in Takaful Certificate and other reasons prohibited by Shariah principles.
7. I/We understand that is my duty to inform AmMetLife Takaful under in the event of any change to my citizenship(s) or any other information relating to US Indicia during the life time of the certificate issued under this proposal.
8. I/We declare that the information given to the AmMetLife Takaful is true and complete to the best of my/our knowledge. I/We understand that AmMetLife Takaful will not be deemed to have admitted the liability of the claim by submitting this form and investigating or accepting evidence of my/our claim.

Signature

Official Stamp

Name of the Co. Representative	
Designation	
Date	

AMT/TPD-CRB/(V3)12/2018