

**ACCIDENTAL DEATH BENEFIT CLAIM
 TUNTUTAN MANFAAT KEMATIAN KEMALANGAN**

1. This form to be completed by the police (if a report has been made or the accident is investigated) or by the hospital/doctor who attended to the emergency as a result of the accident. / Borang ini hendaklah dilengkapkan oleh polis (sekiranya laporan polis telah dibuat atau kemalangan telah disiasat) atau pihak hospital/doctor yang merawat kecederaan akibat kemalangan.
2. A Post Mortem or Autopsy Report is required to be submitted with this claim form. / Laporan Bedah Siasat atau Autopsi perlu disertakan bersama borang tuntutan ini.
3. Any cost incurred in completing this form is borne by the Claimant. / Sebarang kos yang dikenakan untuk melengkapkan borang ini ditanggung oleh Penuntut.

Please complete this form as fully as possible. Your kind assistance will expedite the claim processing.
 Sila lengkapkan borang ini selengkap yang mungkin. Kerjasama anda akan mempercepatkan proses tuntutan.

1. Name of Deceased / Nama Si Mati : _____
 2. New IC/Passport No. : _____
 No. KP Baru/Pasport

3. Date & Time of Accident : [] [] / [] [] / [] [] [] [] _____ am/pm / pg/ptg
 Tarikh & Masa Kemalangan

4. Nature of the Accident (Please tick only one) / Jenis Kemalangan (Sila tanda satu sahaja):

- | | |
|---|--|
| <input type="checkbox"/> Road Traffic Accident / Kemalangan Trafik Jalan Raya | <input type="checkbox"/> Fall From Height/Building / Jatuh Dari Tempat Tinggi/Bangunan |
| <input type="checkbox"/> Drowning / Mati Lemas | <input type="checkbox"/> Industrial/Accident At Work / Kemalangan Industri/Di tempat kerja |
| <input type="checkbox"/> Fire / Kebakaran | <input type="checkbox"/> Air/Rail/Ship Disaster / Bencana Udara/Kereta Api/Kapal |
| <input type="checkbox"/> Explosion / Letupan | <input type="checkbox"/> Sports Related / Berkaitan Sukan |
| <input type="checkbox"/> Other : Please describe / Lain : Sila jelaskan _____ | |

5. How did the accident happen? / Bagaimana kemalangan berlaku?

6. Was the Deceased suspected to be under the influence of any alcohol or drug?
 Adakah Si Mati disyaki berada di bawah pengaruh sebarang alkohol atau dadah? Yes / Yes No / Tidak
 If Yes, was there any sample of urine or blood send for further test?
 Jika Ya, adakah terdapat mana-mana sampel air kencing atau darah dihantar untuk ujian lanjut?Q

7. In your opinion / investigation, do you think that the death resulted from the accident?
 Pada pendapat / dari penyiasatan anda, adakah anda fikir kematian disebabkan oleh kemalangan? Yes / Yes No / Tidak
 If No, what do you think was the cause of death? Please provide the details
 Jika Tidak, apakah yang anda fikir punca yang menyebabkan kematian? Sila berikan butiran

8. Please provide us with any other additional information about the accident or Deceased that you may think relevant.
 Sila berikan kami apa-apa maklumat tambahan berkenaan dengan kemalangan atau Si Mati yang anda fikir berkaitan.

Name / Nama : _____
 Telephone No. / No. Telefon : _____
 Occupation / Pekerjaan : _____

Date / Tarikh : [] [] / [] [] / [] [] [] []

Signature & Official Stamp
 Tandatangan & Cop Rasmi