**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

# Death 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 certified copy of death certificate, original Takaful Certificate document, doctor's statement, post-mortem or 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 can withdraw this permission at any time by notifying AmMetLife Takaful in writing.
3. I/We understand that I/We have a right to obtain access to 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.
4. I/We have read and understood the AmMetLife Takaful's Privacy Notice, which is available at AmMetLife Takaful website and branches
5. I/We understand that AmMetLife Takaful will deduct any withholding required by FATCA
6. 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[1] 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.

Signature

Official Stamp

| | |
|---|---|
| Name of the Co. Representative | |
| Designation | |
| Date | |



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