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

To: Manager,

Claims Department

CLAIMS NOTIFICATION ADVICE	
Certificate No. :	Claim No. :
Date of Notification :	Date Received :

Name of Certificate Holder			
Name of Participant			
Correspondence Address			
Tel No. : Home		Office	
Mobile			
Email			

Type(s) of claim (Please complete the details where applicable)

	Event Date	Cause of Event
Death Claim		
Total & Permanent Disability Claim		
Hospital Benefit Claim		
Hospital & Surgical Claim		
Critical Illness Claim		
Accident Benefit Claim		
Other Types Of Claim, please specify		

Name of person notifying this claim:

This notification serves as an official notification for the happening of the above claim.

☐ Please forward the necessary documents to ☐ Branch ☐ Head Office
☐ We shall forward the necessary claim document to you as soon as possible.

Thank you

Signature

Name

Designation

Date