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BORANG TUNTUTAN KEMALANGAN - KENYATAAN PIHAK YANG MENUNTUT ACCIDENT CLAIM FORM - CLAIMANT'S STATEMENT

Bahagian A / Part A

Borang ini hendaklah diisikan oleh pihak yang menuntut. Semua soalan hendaklah dijawab dengan lengkap. Tanda (–) tidak akan diterima.

This form is to be completed by the claimant. All questions must be answered. Dash (–) is not acceptable.

Dol	kumen sokongan yang dipe	rlukan adalah / Supporting dod	cuments required are:									
	Sijil cuti sakit & sijil tugas ringan (sijil asal diperlukan jika berkerja sendiri) Medical leave certificates & light duty certificate (original certificates are required if self employed)											
2.	Laporan sinar X / laporan ahli radiologi / X-ray report / radiologist report											
	Resit bayaran asal termasuk resit deposit dan bil asal perubatan (untuk manfaat pembayaran balik perubatan sahaja) Original payment receipts including deposit receipts and itemised medical bills (for medical reimbursement benefit only)											
4.	Surat Akuan Masuk dan Keluar/ Nota keluar hospital / Admission and Discharge Card / Discharge Note											
5.	Laporan polis/ Police report											
6.	6. Pengesahan majikan mengenai sijil cuti sakit (Lampiran 'A') / Employer's confirmation of paid medical leave (Appendix 'A')											
	Resit / bil asal yang dikemukakan (untuk manfaat pembayaran balik sahaja)/ Original receipt(s) / bill(s) submitted (for reimbursement benefit only)											
	Tarikh resit/bil Receipt/ bill date	Resit/ bil no. / Receipt/ bill no.	Nama hospital/ klinik/ Name of hospital/clinic	Jumlah resit (RM)/ Receipt amount (RM)								
1.				, ,								
2.												
3.												
4.												
5.												
6.												
1. E	Butir tentang Hayat yang dili	ndungi / Particulars of Life As	sured									
a.	No. Polisi / Policy No											
b.	Nama Hayat Diinsuranskan	n / Name of Life Assured										
c.	No. Kad Pengenalan atau F	Pasport/ NRIC or Passport No.										
d.	No. Telefon Bimbit / Mobile	Phone No.										
e.	Alamat Surat Menyurat Ter Current Correspondence A											
2. E	Butir tentang Pihak Menuntu	t / Particular of Policyowner /	Claimant									
a.	Nama Pemegang Polisi / Policyowner / Cla											
b.	No. Kad Pengenalan atau F	Pasport/ NRIC or Passport No.										
c.	No. Pengenalan Cukai / Ta	x Identification Number (TIN)										
d.	No. Telefon Bimbit / Mobile	Phone No.										
e.	Alamat e-mel / Email addre	ess										
	1											

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	(a) Nama dan Alamat Majikan				
a.	Employer's Name and Address (b) No. Telefon Majikan				
	Employer's Telephone No.				
	Pekerjaan Pemegang Polisi / Assured's Occupa	tion:			
	(a) Pekerjaan semasa kemalangan				
	Occupation during accident (b) Maklumat tepat tentang pekerjaan dan tugas	S			
-	Exact nature of occupation and duties				
	(c) Adakah anda terlibat melakukan tugas kasa sila beri keterangan Involved in manual work? If yes, please elak	•	Ya/ Yes,	Tidak/	No
	Butir tentang Kemalangan/ Accident details			HH/BB/	
	(a) Bila kemalangan tersebut berlaku? When did it occur?		Waktu Time		YY
	(b) Di mana kemalangan tersebut berlaku? Where did it occur?				
	(c) Bagaimana kemalangan tersebut berlaku? How did it occur?				
	(d) Jenis dan tahap kemalangan tersebut berlak	ku?			
	Nature and extent of injury? (a) Nama dan alamat doktor yang merawat kec	ederaan			
	anda Name and address of doctors who treated y	ou for			
	the injury				
	(b) Tarikh rawatan pertama Date of first consultation				
	(c) Tarikh kemasukan hospital wad (jika ada) Date of hospitalisation (if any) (e) Name of Hospital / Nama Hospital				
	(a) Tarikh hari pertama tidak hadir ke tempat ke	rja			
	Date of first day absent from work (b) Tarikh mula bekerja semula Date of return to work				
	Adakah hayat yang dilindungi kini diinsuranskan un Is Life Assured presently insured for hospitalization	tuk faedah l benefits wit	nospitalisasi dengan sya th other companies? If y	arikat lain? Jika ya es, <i>please state</i> .[a, sila nyatakan Ya Tidak Yes
:	<i>No</i> Nama Syarikat Insurans No. Polisi	Ta	arikh Berkuatkuasa (HH/	/BB/TTTT)	Amaun
	Faedah (RM) Names of Insurance Companies Policy No. Benefits (RM)	<u>E1</u>	fective Dates (DD/MM/	YYYY)	Amount of
	<u> </u>				
a me	rtiharan / <i>Declaration</i> njamin kebenaran ke atas keterangan-keterangan y				
nan	ı bahawa syarat-syarat insurans saya telah patuhi. \atau atau menyembunyikan dibuat oleh saya, hak saya ke	atas tuntut	an ini akan ditarik balik s	secara mutlak.	
	the truth of the foregoing particulars, whether written inplied with. I agree that if any false or untrue stateme				
	utely forfeited.	т, сарргосс	non en conceamment, le r	nade sy me, my m	grit to time diamit driam
	ngan Pemegang Polisi / Penuntut		Tandatangan Saksi		
	e of Policyowner / Claimant		Signature of Witness		
	lame: NRIC:		Nama/ <i>Name</i> : No. KP/ <i>NRIC</i> :		
$\frac{h}{L}$	Date:		Tarikh/ Date:		

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) SELF-CERTIFICATION FORM FOR INDIVIDUALS (TO BE COMPLETED BY THE CLAIMANT)

Plea	se read these instructions	before completing the form.										
	Under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), MCIS Insurance Berhad is required to collect and report certain information to the local tax authority on the status of our customers.											
Sho mak	Should there is a change in circumstances relating to information, such as the Individual's tax status or other mandatory field information that makes this form incorrect or incomplete, please let us know by notifying us or providing us with an updated Self- Certification Form.											
	As a financial institution, we are not allowed to give tax advice. Kindly consult your tax or legal adviser should you have questions on or in relation to FATCA and CRS. Where necessary, you can find summaries of defined terms in the Appendix.											
Part	1 - Identification of Individ	lual										
Nam	ie.											
	of Birth (DD/MM/YYYY):											
	ntry of Birth:											
Old	IC No./ New IC No./ Birth ificate No./ Passport No.											
	ent Residence Address:		Mailing Add	ess: different to the current residence	e address)							
Add	ress Line 1:		Address Lin		,							
	ress Line 2:		Address Lin									
	ress Line 3: (Postal Code/ZIF	² Code)	Address Lin	,								
	ress Line 4: (Country) phone Number	Primary*:	Address Lin	e 4: (Country)								
	country code):	Primary*:		Secondary (if any):								
Part	2 - FATCA Self Certification	on										
	nitions applicable				0							
term	term U.S. person or United S "United States person" mea	States person means a person described	a in section 77	01(a)(30) of the Internal Revenu	ie Code: i ne							
term	(A) a citizen or resident of t											
					T							
Plea	se check "√" Yes or No for ea	ach of the following questions:			Yes	No						
1	Are you a U.S. Citizen?											
2	Do you hold a U.S. Permar	nent Resident Card (Green Card)?										
3	Are you a U.S. Resident (in	ncluding US Tax Resident)?										
4	If you have ticked "No" to a	Il three questions above, then please tic	k as:		☐ Non U.	S. person						
	Kindly take note that if you	are a Non U.S. person but U.S. is your	country of birt	h, please provide MCIS:								
	i. A copy of non-U.S. pass	port or non-U.S. government-issued ide	ntification doc	ument; and								
	ii. A copy of Certificate of L	oss of Nationality of the U.S. or specify	your explanati	on of:								
	The reason of not hav	ring such certificate despite relinquishing	g U.S. citizensi	hip; or								
	The reason you did not	ot obtain a U.S. citizenship at birth.										
	Reason:											
		any of the three questions above, please	e tick as:									
	Please fill up your U.S. TIN in the table under Part 3, Section 1.											

Part 3 – De	eclaration of Tax Residency and Taxpayer Identification Nu	umber ("TIN") or its Functional Eq	uivalent
I am a tax ı	resident of Malaysia ONLY. *		
	Please proceed to Section 2.Please complete the table below in Section 1.		
Note: By tid	cking "No" you are confirming that you are: -		
	sident of Malaysia and another country; or ix resident of Malaysia but a tax resident or another country.		
Section 1:	Details of Foreign Tax Residence(s)*		
(i) The co	nplete the following table indicating: nuntry/ jurisdiction of residence (also include the Malaysian tax the Individual is a resident for tax purposes and dividual's TIN for each country/ jurisdiction indicated. Please in		
information https://www	e, if the Individual is a tax resident of Malaysia, the TIN is the I on tax residency and other formats of TIN: v.oecd.org/tax/automatic-exchange/crs-implementation-and-as: v.oecd.org/tax/automatic-exchange/crs-implementation-and-as:	sistance/tax-residency/	ECD website for more
If the Indivi	dual is a tax resident in more than three countries/ jurisdictions	, please use a separate sheet.	
Complete t	he following table indication:		
(b) the Indi	sdiction of residence where the Individual is a resident for tax prividual's TIN for each jurisdiction indicated. Indicate All jurisdictions are all publicated and the fall publicate	ions of residence.	
	inavailable, indicate which of the following reason is applicable — The jurisdiction where the Individual is a resident for tax purp		ents.
Reason B	The Individual is unable to obtain a TIN.		
	 TIN is not required. (Note: Select this reason only if the authorities of the jurisdiction 	on of residence do not require the TIN	N to be disclosed.)
	Country of Tax Residence	TIN	If no TIN available, indicate Reason A, B or C
1			
3			
<u> </u>			
Please exp	lain in the following boxes why you are unable to obtain a TIN	if you selected Reason B above.	
1			
3			
	l Individual is a resident for tax purpose in more than three cour	ntries, please use separate sheet.	
If the count	Clarification of Tax Residence Information** ry (other than Malaysia) indicated in your address/contact num	nber is different from the country(ies)	which you have disclosed as
•	sidence(s), please provide your explanation below.		
I have a for	reign address/contact number which differs from the country of	my tax residence because:	
**Please in	dicate N/A if the country of your address/contact number is sar	me as the country of tax residence d	leclared.

Declaration and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the individual's relationship with MCIS Insurance Berhad setting out how MCIS Insurance Berhad may use and share the information supplied by me.

I understand that the term "U.S. person" means any citizen or resident of the United States.

I acknowledge that the information contained in this form and information regarding the Individual and any Reportable Account(s) may be provided to the tax authorities of the country/ jurisdiction in which this account(s) is/are maintained and exchanged with the tax authorities of another country/ jurisdiction or countries/ jurisdictions in which the Individual may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Individual (or am authorized to sign for the Individual) of all the policy(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise MCIS Insurance Berhad within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide MCIS Insurance Berhad with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

The first of the country of the country of the first of the Line of the Country o
(Indicate the capacity if you are not the individual identified in Part 1. If signing under a Power of Attorney,
attached a certified copy of the Power of Attorney)

Appendix - Summary Descriptions of Selected Defined Terms

Note: The following are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account information ("CRS"), the associated Commentary to the CRS, Malaysia-US Intergovernmental Agreement on Foreign Account Tax Compliance Act (FATCA) and other domestic guidance.

Account Holder

The term "Account Holder" means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

Change in Circumstances

As per CRS and FATCA requirements, the "Change in Circumstances" means any change in one or more of the information below:

- Change of tax residency details (to/from outside Malaysia; or one country to another)
- · Change of residence or mailing address (to/from outside Malaysia; or one country to another)
- Change of contact number (to/from outside Malaysia; or one country to another)
- Application or cancellation of standing instructions to transfer funds to an account maintained outside Malaysia; or from an overseas account to another
- · Change of address of the current effective power of attorney/signatory authority (to/from outside Malaysia; or one country to another)
- Change of nationality to/from U.S. (for FATCA only).

Common Reporting Standard (CRS)

CRS stands for Common Reporting Standard, which is developed by the Organisation for Economic Co-operation and Development (OECD) to obtain information from Financial Institutions and for automatic exchange of financial account information with other jurisdictions on an annual basis for tax purposes.

Foreign Account Tax Compliance Act (FATCA)

FATCA stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance provisions, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. Financial Institutions and other non-U.S. entities.

Financial Account

A "Financial Account" is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

Participating Jurisdiction (CRS)

A "Participating Jurisdiction" means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.

Reportable Account

The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

Reportable Jurisdiction (CRS)

A "Reportable Jurisdiction" is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

Reportable Jurisdiction Person (CRS)

A Reportable Jurisdiction Person means an individual or Entity that is resident in a Reportable Jurisdiction under the tax laws of such jurisdiction, or an estate of a decedent that was a resident of a Reportable Jurisdiction.

Reportable Person

A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

Resident for tax purposes

Generally, an individual will only have one jurisdiction of residence. However, an individual may be resident for tax purposes in two or more jurisdictions. The domestic laws of the various jurisdictions lay down the conditions under which an individual is to be treated as fiscally "resident". They cover various forms of attachment to a jurisdiction which, in the domestic taxation laws, form the basis of a comprehensive taxation (full liability to tax). They also cover cases where an individual is deemed, according to the taxation laws of a jurisdiction, to be resident of that jurisdiction (e.g. diplomats or other persons in government service). To solve cases of double residence, tax conventions contain special rules which give the attachment to one jurisdiction a preference over the attachment of the other jurisdiction for purposes of those conventions. Generally, an individual will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), he pays or should be paying tax therein by reason of his domicile, residence or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes.

The following examples illustrate how an individual's residence for tax purposes may be determined:

Example 1: An individual has his permanent home in Jurisdiction A and is taxed as being a resident of Jurisdiction A. He has had a stay of more than six months in Jurisdiction B and according to the legislation of the latter Jurisdiction he is, in consequence of the length of the stay, taxed as being a resident of that Jurisdiction. Thus, he is resident of both Jurisdictions.

Example 2: Same facts as Example 1, except that the individual only had a stay of eight weeks in Jurisdiction B and according to the legislation of that Jurisdiction he is not, by reason of the length of the stay, taxed as being a resident of Jurisdiction B. Thus, he is only resident of Jurisdiction A.

For additional information on tax residence, please talk to your tax adviser or refer to the OECD Automatic Exchange Portal at this link:

https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/

TIN (including Functional Equivalent)

The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at this link:

https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

U.S. Person (FATCA)

A "U.S. Person" means a U.S. citizen or resident individual, a partnership or corporation organized in the U.S. or under the laws of the U.S. or any State thereof, a trust if (i) a court within the U.S. would have authority under applicable law to render orders or judgements concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. Persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the U.S.

BORANG TUNTUTAN KEMALANGAN – KENYATAAN DOKTOR YANG MERAWAT ACCIDENT CLAIM FORM – ATTENDING PHYSICIAN'S STATEMENT

Bahagian B / Part B

Semua soalan hendaklah dijawab dengan lengkap. Tanda (–) tidak akan diterima. Segala penukaran hendaklah disahkan oleh doktor yang merawat.

All questions must be answered. Dash (–) is not acceptable. All alterations must be initialed by treating physician.

1.	Nama Pesakit Patient's Name		
2.	No. Kad Pengenalan NRIC	Lama: Old:	Baru: <i>New:</i>
3.	Sijil Beranak / Paspot Birth Certificate / Passport No.		
4.	Pekerjaan Occupation		
5.	Tarikh dan masa kemalangan Date and time of accident		
6.	(a) Tarikh dan masa rawatan pertama Date and time of first consultation(b) Adakah anda doktor perubatan kebiasaannya? Are you the regular medical doctor?		
7.	Terangkan secara terperinci jenis kemalangan seperti yang telah dinyatakan oleh pesakit : Describe in detail the nature of accident as related to you by the patient.		
8.	Adakah terdapat sebarang kecederaan / luka luaran ketara akibat kemalangan tersebut? Were there any external and visible injuries or wound as a result of this accident? (a) Jika benar, nyatakan tahap kecederaan termasuk lokasi, saiz dan kedalaman luka (cm) If yes, please describe the extent of injuries including location, size and depth of wound (cm) Jika berlaku sebarang amputasi anggota, sila nyatakan lokasi dan tahap amputasi tersebut (proximal, tengah, distal). In the event of any amputation, please state the location and at what level (proximal, middle, distal). (b) Jika tidak, nyatakan sebarang bukti lain yang konsisten dengan kemalangan seperti yang dituntut oleh pesakit: If no, describe any other evidence that is consistent with the accident as claimed by the patient.		
9.	Rawatan yang diberi termasuk rawatan lanjutan (tarikh rawa fisiotherapi, jenis pencucian dsb) / Treatment given including fi such as number of stitches, STO, physiotherapy, type of dress Tarikh / Date Kadar sembuh/ Healing prog Medication	ollow-up (dates of consultationsing etc)	

10.	Adakah kemalangan disebabkan secara langsung atau tidak daripada: Was the accident directly or indirectly related to the following? If yes, please tick $()$.	Cubaan bunuh diri/ Perbuatan sendiri Attempted Suicide / Self – inflicted Di bawah pengaruh alkohol/ Salahguna Dadah Influence of alcohol / Drug Abuse Mental/ Ketidak kawalan keresahan Mental / Anxiety Disorders Perlanggaran undang-undang oleh pesakit Violation of the law by the patient
	Patah tulang / Fracture	
	(a) Lokasi, jenis patah: Location, type of fracture:	
	(b) Jika pesakit diberi sebarang bentuk pembatasan bergerak (POP, sendal belakang, crepe bandage dan sebagainya), sila nyatakan: If patient was put on any form of immobilization (POP, backslap, crepe bandage, etc), please furnish us:	
11.	(i) Jenis pembatasan bergerak yang diguna Type of immobilization used	
	(ii) Tarikh mula digunakan dan ditanggalkan Date first applied and date removed	Mula diguna: Ditanggal: Applied: Removed:
	(iii) Tarikh pesakit mula fisioterapi Date patient started on physiotherapy	
	(iv) Tarikh pesakit memulakan senaman tanpa sokongan Date patient started on full weight bearing exercise	
	(a) Tarikh akhir rawatan Last date of consultation	
12.	(b) Keadaan anggota yang cedera Condition of the injured part	
	(c) Sila nyatakan pembatasan pergerakan sebenar bagi sebarang sendi pada tarikh akhir rawatan Please state actual limitation of movement on any joint at the last date of treatment	
13.	Adakah proses sembuh lancar/ rumit? Sila beri butir kerumitan Was healing straight forward / complicated? Give details of complication	
14.	Adakah gambar sinar X diambil? Jika ada sila laporkan keputusan filem sinar X. Was X-ray taken? If yes, please furnish X-ray result	Tarikh/ Date Keputusan/ Result
	Butir Kemasukan Hospital/ Details of Hospitalization :	
	(a) Nama hospital / Name of hospital	
	(b) Tarikh masuk / Date admitted	
15.	(c) Tarikh keluar / Date discharge	
	(d) Butir pembedahan dilakukan / Details of surgery performed	
	(e) Butir lain-lain prosedur diagnostik atau rawatan khusus Details of other special diagnostics procedure or treatment	

	angan Doktor yang Merawat ure of Attending Physician	Cop Nama & Hospital/		Tarikh Date
Saya d beliau I hereb	gisytiharan / Declaration engan ini mengesahkan bahawa saya seperti tersebut diatas dan semua jawa ny certify that I have personally examin rs are all true to the best of my knowled	apan di atas adalah bena ned and treated the patie	r setakat pengetahuan sa	aya.
	(b) Tempoh pesakit mengalami keti sebahagian sementara yang me daripada melakukan satu atau le dengan pekerjaan beliau Period the patient were tempora disabled which prevents the pati performing one or more duties pher occupation.	enghalang pesakit ebih tugas berkaitan rily partially ent / assured from	(b)Dari From	sehingga . To
20	(a) Tempoh pesakit mengalami ketic menyeluruh dan sementara yar pesakit daripada menjalankan seberkaitan dengan pekerjaan atau pekerjaan lain. Period the patient were tempora which prevents the patient / assi in any duties pertaining to his / kind whatsoever.	ng menghalang ebarang tugas yang u apa-apa jenis ry totally disabled ured from engaging	(a)Dari From	sehingga To
19	Adakah sebarang penyakit di dalam pesakit yang boleh menyumbang sectidak langsung ke atas kemalangar boleh membantut tahap kesembul keterangan. Is there anything in his medical history contributed, directly or indirectly, to the which may be likely to retard his reprovide details.	cara langsung atau n atau berkemungkinan nan pesakit? Sila beri ry which may have he accident, or		
18	Pada pendapat anda, adakah terdap atau penyakit yang mungkin menyum langsung atau tidak langsung terhada In your opinion, is there any physical disease / illness which may have con indirectly, to the accident?	nbang secara ap kemalangan ini? impairment or		
17.	Nama dan alamat doktor-doktor lair untuk kecederaan yang sama. Name and address of other doctors the same injury.			
16.	Tarikh sembuh untuk patah tulang Date of fracture united			

LAMPIRAN A / APPENDIX A

TUNTUTAN KEMALANGAN / ACCIDENT CLAIM

- Tiada Tanggungan diakui dengan mengeluarkan borang ini / No liability is admitted by issuing this form
- Borang ini mestilah diisi sepenuhnya hanya oleh Majikan / This form must be strictly completed by the Employer

	Pengesahan Majikan men Employer's Confirmation of			
	No. Polisi: Policy No.:			
1.	Dengan ini disahkan bahawa Encik/Puan/Cil This is to confirm that Mr./Mrs./Ms.:	‹		
	No. K.P. <i>NRIC No. :</i>			
	telah diberi sijil cuti sakit berbayar dari was granted paid medical leave certificate fr	om	sehingga to	atas sebab-sebab for reasons
	(nyatakan jenis penyakit atau kecederaan) (state nature of illness or injury)			
2.	Tarikh mula bekerja semula / Date of return	to work		
3.	Maklumat tepat tentang pekerjaan dan tugas		-	
3.	Adakah Sijil-sijil Cuti sakit asal diterima oleh Are the original Medical Leave Certificates re	anda? (Ya / T	idak) :	
4.	Adakah pekerja di atas masih dalam perkhid Is the worker above still in service? (Yes / No Jika tidak, bilakah hari terakhir dalam perkhid	o): Imatan?		
5.	If no, when was the last date of service? Adakah ini kes PERKESO? (Ya / Tidak) Jika Is this a SOCSO case? (Yes / No). If yes, ple	ya, sila kepilka	an Borang PERI	KESO 21 :
	Tandatangan Signature	i		
	Nama Name	:		
	Jawatan (Profesion atau pekerjaan) Designation (Profession or occupation)	:		
	Alamat (Cop rasmi pejabat) Address (Company official stamp)	:		
	No. Telefon Telephone No. :			

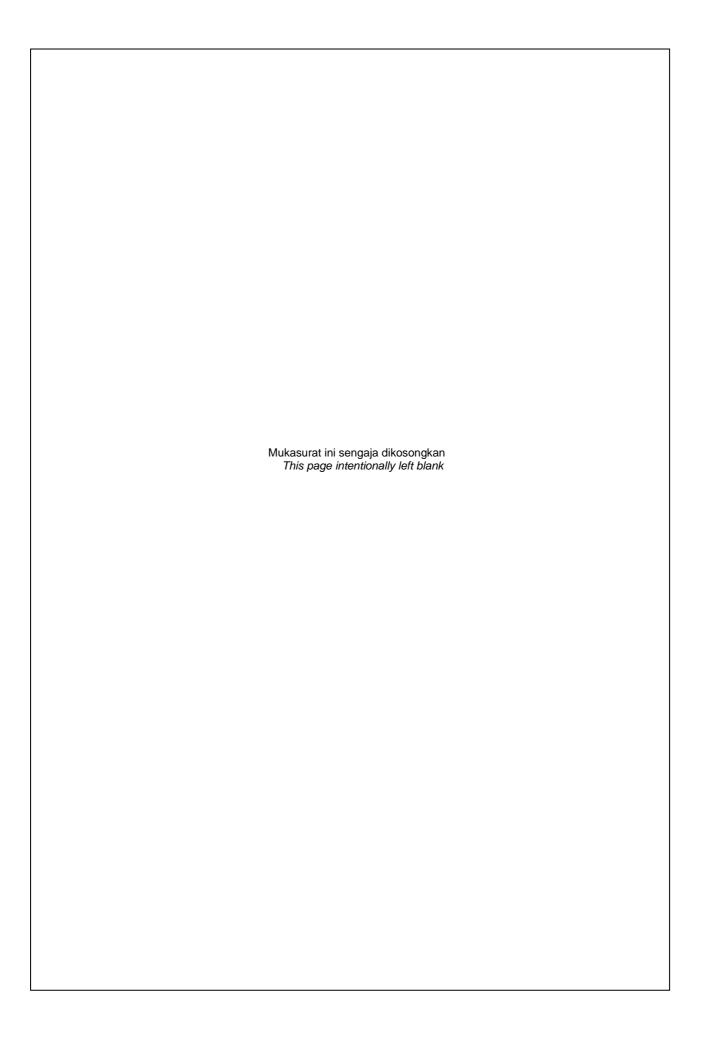
Kebenaran/Pemberian Hak / Authorization

Saya, yang bertandatangani di bawah, dengan ini membenarkan mana-mana organisasi, institusi atau individu yang mempunyai sebarang rekod atau pengetahuan tentang kesihatan dan latar belakang perubatan atau nasihat perubatan saya/ hayat yang diinsuranskan, dan telah atau mungkin kemudian dari ini dirujuk untuk mendedahkan segala maklumat tersebut kepada MCIS INSURANCE BERHAD atau wakilnya. Saya bersetuju membenarkan MCIS INSURANCE BERHAD atau wakilnya untuk mengguna dan mendedahkan sebarang maklumat yang dikumpul atau dipegang oleh Syarikat kepada perseorangan/sebarang organisasi yang berhubung dan berkaitan dengan Syarikat atau sebarang pihak ketiga (di dalam atau di luar Malaysia, termasuk institusi perubatan, penginsurans semula, penyelaras tuntutan / penyiasat, peguam, persatuan industri, pengawal selia, badan-badan berkanun, pihak berkuasa kerajaan dan agensi pelaporan kredit) bagi tujuan proses tuntutan insuran. Salinan pengesahan ini adalah sah seperti yang asal.

I, The undersigned(s) hereby irrevocably authorize any organization, institution, or individual that has any records or knowledge of my/life assured health and medical history or treatment or advise and that has been or may hereafter be consulted to disclose to MCIS Insurance Berhad or its representative such information. I/WE agree that MCIS Insurance Berhad or its representative may use and disclose any of the information collected or held by the Company to individuals/organizations related to and associated with the Company or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters / investigators, solicitors, industry associations, regulators, statutory bodies, government authorities and credit reporting agencies) for the purpose of processing the claim.

This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our/life assured death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

andatangan Pemegang Polisi / Penuntut Signature of Policyowner / Claimant	Tandatangan Saksi Signature of Witness
Nama/ Name:	Nama/ <i>Name</i> :
No. KP/ <i>NRIC</i> :	No. KP/ <i>NRIC</i> :
Alamat/ Address:	Alamat/ Address:
No. Telefon Bimbit Mobile phone number:	No. Telefon Bimbit Mobile phone number:
Tarikh/ <i>Date</i> :	Tarikh/ <i>Date</i> :



BORANG E_BAYARAN / e_PAYMENT APPLICATION FORM

(PENTING: TULIS DALAM HURUF BESAR/CETAK DENGAN JELAS) / (IMPORTANT: WRITE IN BLOCK/PRINT CLEARLY)

Kep	oada / To:	MCIS INSU	JRANC	E BE	RHA	D																				
PEF	R/ RE :	NO POLIS	I / POL	ICY I	VO: _																					
saya I he	a mengizinkan/ mem a ke akaun bank se reby allow/ give con vementioned policy	perti yang d sent that pay	linyataka yment(s,	an dib) <i>due</i>	awał to n	n:- ne b	у МС	CIS .	INS	URA	NC	E E	BER	HAL) (h		,			•			•			
1.	Saya mengizinkan I give consent to M						•			•									•	nba	yara	an in	sura	ns.		
2.	Saya mengesahka maklumat, pembay yang tidak tepat I confirm the inform payment will be de	aran akan dit nation provid	tangguhl e <i>herein</i>	kan. S are	Sila b	erika and	an bu accui	tirar rate	aka ana	aun 1 in	bar the	k ya eve	ing t nt I	tepa <i>ha</i> v	t un e m	tuk i	men an	gel <i>err</i>	lakl ror	kan	per omis	gkre ssion	editar	n per Inder	nbay stan	yaran nd the
3.	Permintaan saya i pembayaran kepad My request herein payment(s) to me l	la saya deng shall be irrev	an kaed ocable v	ah lai	n.																					
4.	Pilihan akaun bank My preferred bank										awa	ah.														
Na	ma Bank/ <i>Bank Nan</i>	ne :																_								
No	Akaun Bank/ Bank	Account No																								
	. Identiti seperti di Al entity No. as per bani		:																							
No	Telefon Bimbit/ Mol	oile Phone No). :																							
Ala	ımat E-mel/ <i>E-mail A</i>	ddress	:																							
Na	ma/ <i>Name</i>		:											-												
Та	rikh/ <i>Dat</i> e		:											-		Та							g Po aimai			
	lihan dikenakan kepa otion apply to		Semua I <i>All Poli</i> c		/		Polisi Curre																			

Senarai adalah untuk rujukan sahaja. Bank lain (dalam Malaysia) yang tiada dalam senarai atas akan diterima./ Bank Listed above are for reference only. Other banks (in Malaysia) not listed are acceptable.

SENARAI BANK DAN BUTIRAN RUJUKAN / LIST OF BANKS AND DETAILS FOR REFERENCE										
Nama Bank / Bank Name			Nama Bank / Bank Name	Angka						
	Digit			Digit						
Affin Bank Bhd / Affin Islamic Bank Bhd	12		Agro Bank/Bank Pertanian	16						
AmBank (M) Bhd / AmIslamic Bank Bhd	13		Al Rajhi Bank	15						
Alliance Bank Malaysia / Alliance Islamic Bank Bhd	15		Bank Islam Malaysia	14						
Bank Kerjasama Rakyat	12		Bank Muamalat Malaysia	14						
Bank Simpanan National	16		CIMB Bank / CIMB Islamic Bank Berhad	14/10						
Citibank Berhad	10		Hong Leong Bank / Hong Leong Islamic Bank	11						
			Berhad							
HSBC Bank / HSBC Amanah Malaysia Berhad	12		Kuwait Finance House	12						
Maybank Bhd / Maybank Islamic Bhd	12		OCBC Bank Malaysia / OCBC Al-Amin Bank Berhad	10						
Public Bank Bhd / Public Islamic Bank Bhd	10		RHB Bank Bhd / RHB Islamic Bank Bhd	14						
Standard Chartered Bank / Standard Chartered	12		United Oversea Bank	11						
Saadiq Berhad										