NOTICE OF CLAIM

TO	CLAIMS DEPARTMENT HEAD OFFICE	**FROM**	
DATE		**BRANCH/ DEPARTMENT**	

DETAILS			
POLICY NO.		**LIFE ASSURED**	

1. NATURE OF CLAIM

- ❑ **ACCIDENT INDEMNITY / DISMEMBERMENT**
- ❑ **HOSPITALISATION & SURGICAL CLAIM**
- ❑ **DEATH**
- ❑ **TOTAL AND PERMANENT DISABILITY**
- ❑ **CRITICAL ILLNESS**

2. DETAILS OF DIAGNOSIS, ACCIDENT AND ILLNESS

ACCIDENT CLAIM

Date of Accident	Type of Accident

HOSPITALISATION CLAIM

If the policy has a Uni Medic Plus benefit attached, was the hospitalization process managed by the Third Party Administrator? ❑ **Yes** ❑ **No**

Date of Hospitalisation	Name of Hospital	Cause of Illness/Diagnosis

DEATH CLAIM (Please attach a copy of the death ceritificate)

Date of death	Cause of death	If due to accident, then the date of accident

TOTAL AND PERMANENT DISABILITY CLAIM

Details of Illness/Accident	If Illness, date of diagnosis	If accident, date of accident

CRITICAL ILLNESS CLAIM

Details of Illness	Date of diagnosis

4. NOTIFICATION DETAILS

Date of Notification	Time of Notification	Name of Person who notified the Company
Capacity of the person who notified the Company	If agent – Agent's Code	Name of Person who received notification

Claim forms given ❑ **Yes** ❑ **No**

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By Officer of UNI.ASIA LIFE ASSURANCE BERHAD

Name :