



# MUI Continental Insurance Berhad

Company no: 29123-D

### Head Office

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### KL Branch

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### Branches

Sungei Petani • Penang • Ipoh • Klang • Seremban • Melaka • Batu Pahat • Johor Bahru • K. Bharu • Kuantan • Mentakab • Kuching • K. Kinabalu

A member of the MUI Group  
In Association with CNA Insurance

## PERSONAL ACCIDENT DEATH CLAIM FORMS

CLAIM NO. ....

This form is issued without admission of liability. Any documentary proof of death and/or other reports required by the Company shall be furnished at the expense of the Claimant(s)

<b>THE INSURED</b>	Name: ..... Address: ..... Policy No. Expiry Date: ..... Principal Sum Insured: .....
<b>THE DECEASED</b>	Name: ..... Address: ..... Occupation: ..... Age: ..... Sex: ..... Marital Status: ..... Date and Place of Death: ..... Cause of Death: ..... Give the name and address of every physician who attended the deceased during the last five years. State also the nature of illness and/or disease treated by each physician.: (1) ..... (2) ..... (3) ..... Was the deceased holding any life, personal accident and/or hospitalisation policy/policies with any other Company? ..... If yes state type of policy, amount insured, date issued and name of Company. (1) ..... (2) ..... (3) .....
<b>THE CLAIMANT</b>	Name: ..... Age: ..... Address: ..... Telephone No: ..... Relationship to Deceased: .....
<b>THE ACCIDENT</b>	Date and Time: ..... Location: ..... How exactly did the Accident occur? ..... ..... ..... ..... (Use a supplementary sheet, if necessary) ..... Name and Address of Witnesses to the Accident: (1) ..... (2) ..... (3) ..... If accident occurred at place of employment, was the Labour Department notified? ..... Give the name of the Policy Station where the accident was reported: ..... If deceased was admitted to a hospital prior to death, give the name and address of the hospital: ... .....

I/We hereby declare that the above answers and statements are full and true to the best of my/your knowledge and belief and that I/We have not withheld from the Company any material fact.

I/We enclose a copy of the Death Certificate of the deceased and agree to furnish of my our expense any other reports required.

Date: .....

Signature of Claimant .....