

NOTIFICATION OF DEATH CLAIM

Name _____

Address _____

Tel No _____

(Person who notified the death)

Claims Department
Menara Great Eastern
303 Jalan Ampang
50450 Kuala Lumpur
Tel No: (603) 4259 8331, 4259 8332
Fax No: (603) 4259 8399

Dear Sirs

POLICY NO.: _____

NRIC NO. : _____

LIFE ASSURED : _____ **(Deceased)**

DATE OF NOTIFICATION OF DEATH : * _____ *****

The above named regrets to inform that the named Life Assured had passed away on _____ due to _____ (cause of death).

Yours faithfully,

Date : _____

PEMBERITAHUAN TUNTUTAN KEMATIAN

Nama _____

Alamat _____

No. Tel _____

(Orang yang memberitahu kematian)

Jabatan Tuntutan
Menara Great Eastern
303 Jalan Ampang
50450 Kuala Lumpur
No. Tel: (603) 4259 8331, 4259 8332
No. Fax: (603) 4259 8399

Tuan,

NO POLISI: _____

NO. K/P : _____

ORANG YANG DIINSURANSKAN : _____ (Si Mati)

TARIKH PEMBERITAHUAN KEMATIAN : * _____ *

Dukacita dimaklumkan bahawa Orang yang diinsuranskan di atas telah meninggal dunia pada _____
kerana _____ (sebab kematian).

Yang benar,

Tarikh : _____