



9th Floor, Bangunan AMBD, No.1, Jalan Lumut, 50400 Kuala Lumpur, Malaysia. GPO Box 10956, 50730 Kuala Lumpur
 Tel: (603) 4043 2100 Fax: (603) 4043 8680

To: The Manager
 Claims Department - Life
 Head Office

From:

CLAIMS NOTIFICATION ADVICE	
Policy No :	HEAD OFFICE USE ONLY
Date Of Notification :	Claim No : Date Received :

Name Of Policy Owner : _____
Name Of Life Assured : _____
<i>(If different from policyowner)</i>
Correspondence Address : _____

Tel No's: House : _____ Office : _____
Mobile No : _____

TYPE(S) OF CLAIM (Please tick where applicable)	
<input type="checkbox"/> Death Claim	<input type="checkbox"/> Hospitalisation Benefit Claim
<input type="checkbox"/> Total & Permanent Disability Claim	<input type="checkbox"/> Hospitalisation & Surgical Claim
<input type="checkbox"/> Critical Illness Claim	<input type="checkbox"/> Accident Benefit Claim
<input type="checkbox"/> Payor Benefit Claim	<input type="checkbox"/> Maternity Benefit Claim
<input type="checkbox"/> Other Types Of Claim, please specify _____	
Date of event leading to this claim _____	
Cause of event leading to this claim _____	
Name of person notifying this claim _____	

Service by SIMON POON HIN SAN & Associates



AmAssurance

A member of the Allianz Group

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

Please forward the necessary documents to _____

We shall forward the necessary claim documents to you soon as possible.

Thank you

Signature

Name : _____

Designation : _____

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