



CLAIM PROCEDURE AND CHECKLIST

I, _____ I.C. number _____, would like to lodge a claim to Takaful Brunei Keluarga Sdn Bhd (TBK) through my policy as follow (*please tick appropriate box*):

- | | | | |
|--|--------------------------|--------------------------------|--------------------------|
| (1) As Syifa Policy | <input type="checkbox"/> | (4) Savings Plan Takaful _____ | <input type="checkbox"/> |
| (2) Family Domestic Servant Policy | <input type="checkbox"/> | (5) Other _____ | <input type="checkbox"/> |
| (3) Group Hospital and Surgical Benefit Policy | <input type="checkbox"/> | | |

A] General Conditions

- Notice of any medical expenses incurred on which claim may be based must be submitted to TBK within **one (1) month** from the medical expenditure being incurred within the country and within **three (3) months** for medical expenditure incurred abroad. TBK reserves the right to reject any claim which is not submitted within the given time frame.
- Any cost in producing medical certification of treatment will be borne by the claimant.
- The participant (employer) shall forward the claim and all the necessary documentation direct to TBK.
- Any claim with incomplete submission of required documentation will not be entertained.
- All payments of claims shall be made in Brunei Dollars (BND).
- Submission of claim does not imply acceptance of the liability. All claims will be processed according to the terms and conditions of the policy.
- Any discharge to the participant (employer) or insured person (employee) in respect of a claim settlement shall be deemed as a final and complete discharge of all liabilities of TBK with regard to such claim.
- Policy coverage is worldwide except for United States of America, Canada and the Caribbean.

B] Claims Documentation

No	Required for (please refer to policy ticked above)	Document	Date Received	Received By	Remarks
1.	1, 2, 3, 4	Completed Claim Form			
2.	1, 2, 3, 4	Copy of I.C. of Claimant			
3.	1, 2, 3, 4	Copy of Insurance Policy			
4.	1, 3	Copy of Member Card of Claimant			
5.	1, 2, 3	Original Itemized Bill/Receipt			
6.	1, 2, 3	Original Medical Report			
7.	1, 2, 3	Copy of Discharge Ticket			
8.	1, 2, 3	Letter of Consent (signed by insured)			
9.	2	Copy of Employee's Passport/I.C.			
10.	2	Copy of Employer's I.C.			
11.	1, 2, 3, 4 (If applicable)	Copy of Death Certificate			
12.	1, 2, 3, 4 (If applicable)	Copy of Police Report			
13.	1, 2, 3, 4 (If applicable)	Original Repatriation receipt			

I hereby agree with the General Conditions set out by TBK as above and if I fail to submit all the required documentation within **thirty (30) days** from the date of claim incurred, then TBK reserves the right to decline my claim application. TBK is only liable for my claim if I have submitted all the required documentation to TBK.

Claim Reported By: _____ (Signature) _____ (Date/Time) _____ (Tel. No.)

FOR OFFICE USE ONLY			
For Claim Department		For Branches & Operation (if report made in Branches)	
Claim Received By		Branches	
Date Received		Attended By	
Due Date for Claim Submission		Date Notify to Claim Dept	