

## Death Claim Form

(This form is ONLY applicable for Merchtrade Policies)

To expedite your claim, please (1) complete this form, (2) prepare the relevant documents required and (3) submit them to Merchtrade branch as soon as possible. Thank you.

### A. SUPPORTING DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

<input type="checkbox"/>	Certified True Copy (CTC) of Death Certificate
<input type="checkbox"/>	Photocopy of Identity Document/Card of the Insured Person (the deceased)
<input type="checkbox"/>	Photocopy of Identity Document/Card of the Claimant
If required by MCIS Insurance Berhad at the Company's discretion:	
<input type="checkbox"/>	A Physician's Statement / Medical Report* <i>The cost of such medical report, if any required, shall be borne by the Claimant.</i>

### B. POLICY DETAILS

Product Name	
Sum Assured	
Policy Number / Reference Number	

### C. INSURED PERSON DETAILS (the Deceased)

Merchantrade Membership No.	MTA		
Full Name			
ID Number		Type of ID	
Nationality			
Date of Death		Place of Death	
Cause of Death			

### D. CLAIMANT DETAILS

Full Name			
ID Number		Type of ID	
Nationality			
Mobile No.		Relationship with the Deceased	
Correspondence Address			

### E. BANK ACCOUNT / MERCHANTRADE MONEY DETAILS (of the Claimant)

Please provide your bank/Merchantrade Money details for us to accelerate your claims payment process by direct transfer to your bank account/Merchantrade Money account.

Bank Account Details			
Name (as per bank account)		Bank Name	
Account No.		Bank Branch	

**Note:** Claims payment via Direct Credit is within 5 working days subject to receipt of all documentations required.

Merchantrade Money Details			
Name (as per cardholder)			
Last 4 digits of Merchantrade Money Card No.	XXXX - XXXX - XXXX - ____ ____ ____ ____	Mobile No.	

### F. DECLARATION & AUTHORIZATION

[\[Customer's Data Privacy Notice\]](#) MCIS Insurance Berhad ("MCIS Life") and Merchantrade Asia Sdn Bhd ("Merchantrade") is committed to protect the personal data submitted by and collected from you. For further details, please refer to MCIS Life's "Privacy Notice" published on [www.mcis.my/Privacy-Notice](http://www.mcis.my/Privacy-Notice) and Merchantrade's "Privacy Policy" published on [mtradeasia.com/main/privacy-policy](http://mtradeasia.com/main/privacy-policy).

[\[Declaration\]](#) I / We, the Claimant, do solemnly and sincerely declare that the information given in this statement is true and complete and we have not withheld any material fact to the best of our knowledge and belief.

[\[Authorization\]](#) I / We, the undersigned(s), hereby irrevocably authorize any organization, institution, or individual that has any records or knowledge of my/life assured health and medical history or treatment or advise and that has been or may hereafter be consulted to disclose to MCIS Life or its representative such information. I / We agree that MCIS Life or its representative may use and disclose any of the information collected or held by MCIS Life to individuals / organizations related to and associated with MCIS Life, or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters / investigators, solicitors, industry associations, regulators, statutory bodies, government authorities and credit reporting agencies) for the purpose of processing the claim.

This authorization shall bind my/our successors and assigns and remain valid notwithstanding my / our / life assured death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

_____	_____	_____
For & on behalf of Policyholder	Signature of Claimant	Signature of Witness
Name:	Name:	Name:
Policyholder's Stamp:	ID Number:	ID Number:
Date:		