

EFU LIFE - WINDOW TAKAFUL OPERATIONS

Living Benefit Claim Intimation Form



Section 1: Details of Policy / Membership

1. Policy/Membership Number _____ 2. Date of Commencement _____ 3. Mode _____
4. Main Plan Sum Covered _____ 5. Total Contribution _____ 6. Status _____
7. Riders _____ 8. Next Contribution Due Date _____

Section 2: Details of Participant

1. Name _____
2. Correspondence Address _____

3. Tel # _____ 4. Cell # _____ 5. E-mail Address _____

Section 3: Details of Claim

Tick on the appropriate benefit / rider under which the claim is being made:

1. Takaful Accidental Disability Benefit (ADDB /ADDP) 2. Takaful Waiver of Contribution Benefit (WOC)

Please check from the policy schedule that the benefit/rider is attached to the policy under which the claim is being made.

Section 4: Details of Event

1. Type of illness/disability _____
(Name the event relating to the benefit/rider selected above in section 3)
2. Place of accident (if accidental) _____ 3. Date of occurrence of event _____
4. Date of first consultation with doctor or hospitalization (if any) _____
5. Name of the Hospital(s)/Clinic(s)/Doctor(s) consulted within last 1 year _____

6. Address, Tel. No. of Hospital(s)/Clinic(s)/Doctor(s) consulted within last 1 year _____

7. Brief description of event (attach separate sheet of paper if required) _____

Section 5 : Affirmation by the Participant*

**Signature required in case this form has been filled out by the Participant, otherwise please leave blank.*

I have fully understood the contents of this form and hereby declare that whatever is stated above is true and accurate to the best of my knowledge and belief.

Signature of Participant _____ Date _____

Disclaimer: Please note that this is an intimation of a living benefit claim and not in any way admission of liability on part of the Company. Separate detailed living benefit claim forms will be issued after submission of Intimation Form.

Section 6: Details of Branch Certification (To be filled by the Location Manager (LM))

1. Branch Name _____ 2. Servicing Consultant _____ 3. S.C Code _____
3. Date and time of intimation _____ 3. Source of Intimation _____
4. Any other important information _____
5. Name of Location Manager _____ 6. Signature of LM _____