



Claim No _____
GIS No _____



**MALAYSIAN CHINESE ASSOCIATION'S GROUP PERSONAL ACCIDENT POLICY
CLAIM FORM**

马华党员集体意外保险 - 索赔表格

The issuing of this form is not an admission of liability by the Company. Please answer all questions fully and return the form without delay.
请填写所有提问及尽速呈交表格。表格必须以英文填写。

Type of Claim, please tick (v). 请注明索赔种类, 请打勾 (v)。

- Accidental Death 意外死亡
- Partial / Permanent Disablement Resulting from An Accident 意外导致局部/终身残障
- Bereavement Allowance (for death due illness or old age) 抚恤金 (因病或老死)

For MCA HQ office use only 党总部办公用途:

Received date : _____
Date of submission to Insurance Company : _____

POLICY NO			
INSURED PERSON 受保者	Name 姓名(英) : (as per NRIC / 依据身份证填写)		
	New IC No. 新身份证号码:	Old IC No. 旧身份证号码:	
	MCA Membership No. 马华党员号码:	Age 年龄:	
GENERAL INFORMATION 一般资料	How did it happen? 如何发生: <input type="checkbox"/> Old age / sickness 老年/生病 <input type="checkbox"/> Accident 意外		
	Date & Time 日期和时间: _____		

BENEFICIARY 受益人 (**must fill in the Mobile No and Bank Account No 必须填写手机号码以及银行户口)			
Name 姓名(英) (as per NRIC / 依据身份证填写)	New IC No. 新身份证号码		
Postal Address 通讯地址	Contact No 联络电话	Mobile 手机	
		House 住家	
Postcode 邮区号码	Email 电邮		
	Relationship to the insured 与受保者的关系		
Name of Bank 银行	Account No 银行户口		
Name 姓名(英) (as per NRIC / 依据身份证填写)	New IC No. 新身份证号码		
Postal Address 通讯地址	Contact No 联络电话	Mobile 手机	
		House 住家	
Postcode 邮区号码	Email 电邮		
	Relationship to the insured 与受保者的关系		
Name of Bank 银行	Account No 银行户口		

I hereby warrant that the above statements are true and correct and that I have not withheld from the Company any material or information in connection with this claim. I further authorize the release of further medical information by the doctor should the company requires it (if any). 本人保证上述声明是真实和正确的, 同时并没有对保险公司隐瞒任何资料。本人也授权保险公司可向院方索取任何相关的医疗资料(如需)。

Signature of Beneficiary 受益人签名

Date :

Signature of Witness 见证人签名

Name :

NRIC :

Mobile :

(* Refer to directory, next page 请参阅目录, 下一页)

Documents to be submitted together with this Claim Form 须与表格一起附上文件如下：

1. A copy of Bank Statement or Passbook (front page) showing the Insured Person / Beneficiary bank account number and particulars. 受保人/受益人的银行账单或存折（首页）副本
2. A photocopy of the MyKad or Passport of the Beneficiary (both sides) 受益人大马卡或国际护照副本（正背面）

Bereavement Allowance 抚恤金（因病或者死）

1. Death Certificate 死亡证书

Death Cases resulting from an accident 意外死亡

1. Death Certificate 死亡证书
2. Medical Certificate 医生报告
3. Full Post Mortem Report 验尸报告（if any 如有）
4. Police Report 警方报案书（如果涉及交通意外）
5. Driving License if it involved a road accident 驾驶护照（如果涉及交通意外）

For Permanent Disablement Cases resulting from an accident 因意外导致终身残疾

1. Medical Certificate. 医药报告
2. X-Ray report if there is severance of any part of body X-光片（如果身体有任何严重损伤）
3. Photos showing the amputation part of the body / Photos of the injured part of the body 照片显示截肢的部分 / 显示受伤的部分
4. Police Report if it involved a road accident 警方报案书（如果涉及交通意外）
5. Driving License if it involved a road accident 驾驶护照（如果涉及交通意外）

Witness 见证人：

- i. Branch / Division / State Liaison Committee Chairman, Deputy Chairman, Secretary, Organising Secretary, Youth Chairman and Wanita Chairman 支、区、州联委会主席/署理主席/秘书/组织秘书/团长/妇女组主席
- ii. Member of Parliament / State Assemblymen 国、州、上议员
- iii. State or Divisional Executive Secretary 区、州执行秘书
- iv. HQ Staff 总部职员

Remarks 备注：

- The above list of documents may not be exhaustive as additional documents may be required, if necessary, to process the claim. 上述文件清单可能并不详尽，如有必要，或需要额外文件以便处理索赔。
- Must provide valid bank account, the payment will be made through e-payment. 必须填写受益人的银行户口，赔偿额将通过网上转账。
- All completed forms and the duplicate documents must be sent to: **MCA HQ (MCA Member Group Insurance Scheme Secretariat), 8th floor Wisma MCA, 163 Jalan Ampang, 50450 Kuala Lumpur.** Should you have any enquiries, please contact the Party HQ, Tel: 03-22033888, Email: insurance@mca.org.my. 所有填妥的表格和文件副本必须寄至：马华总部（马华党员集体保险计划秘书处），8th floor Wisma MCA, 163 Jalan Ampang, 50450 Kuala Lumpur. 如有任何疑问，请联络党总部，电话：03-22033888，电邮：insurance@mca.org.my .