

MosBite

Note: All sections must be completed and returned to Tokio Marine Insurans (Malaysia) Berhad together with the relevant documentation within 30 days from date of diagnosis.



TOKIO MARINE
INSURANCE GROUP

A. Particulars of Insured

Name: _____

Name of Parent / Guardian (if insured is a Dependent) _____

Insured NRIC: _____

Date of Birth: _____

Sex: _____

B. Statement By Patient (By Parent If Claimant is a Minor)

Illness: i) Symptoms First Appeared on:

D	D	M	M	Y	Y	Y	Y

ii) Date of diagnosis:

D	D	M	M	Y	Y	Y	Y

Claim payment in favour of? (Please specify the name of payee)

Contract Owner/Employer: _____

Employee/Patient: _____

C. Declaration & Authorization To Physician, Clinic or Hospital

By signing this Claim Form:

- I hereby declare that the answers provided above are true and complete to the best of my/our knowledge and belief.
- I hereby irrevocably authorize any organization, institution or individual that has any record or knowledge of my health and medical history or treatment or advice that has been or may hereafter be consulted, other personal information or details of related disability, to fully disclose to Tokio Marine Insurans (Malaysia) Berhad or its authorized representative such information in relation to this claim.

This authorization is irrevocable and a photocopy of it will have the same effect and validity as the original.

D. Personal Data Protection Act 2010 / Akta Perlindungan Data Peribadi 2010

By signing this Claim Form / Dengan menandatangani Borang Tuntutan ini:

- I/We acknowledge and consent that the personal data, including any sensitive personal data, collected herein be used and processed for the purpose of this proposal and be disclosed to reinsurers; individuals or organizations associated with Tokio Marine Group, or involve in any claim settlement; or PIAM/ISM;
Saya/Kami mengakui dan bersetuju bahawa data peribadi, termasuk apa-apa data peribadi yang sensitif, yang dikumpulkan di sini digunakan dan diproses untuk tujuan cadangan ini dan dizahirkan kepada penanggung insurans semula; individu atau pertubuhan yang berkaitan dengan Kumpulan Tokio Marine, atau terlibat dalam apa-apa penyelesaian tuntutan; atau PIAM/ISM;
- I/We confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure;
Saya/Kami mengesahkan bahawa saya/kami telah mendapat persetujuan orang yang dinamakan dan/atau penama yang dinamakan di sini, jika berkenaan, dan bahawa dia/mereka telah memberi kuasa kepada saya/kami untuk menzahirkan data peribadi dia/mereka dan untuk memberi kebenaran bagi pihak dia/mereka untuk pengumpulan, penggunaan, pemprosesan, dan penzahiran di atas;
- I/We acknowledge that I/we am/are obligated to provide the above personal data failing which my/our proposal could not be processed and that I/we am/are entitled to obtain access to, request for correction of or limit the processing of my/our personal data; and
Saya/Kami mengakui bahawa saya/kami adalah diwajibkan untuk memberikan data peribadi di atas, jika gagal berbuat demikian, cadangan saya/kami tidak dapat diproses, dan saya/kami berhak untuk mendapatkan akses kepada, meminta pembetulan atau mengehadakan pemprosesan data peribadi saya/kami; dan
- I/We acknowledge the detail Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.my, that a Privacy Notice informing me of the above would be sent together with my/our policy, and that I/we could also make enquiry with regard to the PDPA through email send to enquiry@tokiomarine.com.my.
Saya/Kami mengakui Pernyataan Dasar Privasi terperinci, yang mengawal perkara yang tersebut di atas, yang dipaparkan di www.tokiomarine.com.my, bahawa Notis Privasi memaklumkan perkara di atas akan dihantar bersama-sama dengan polisi saya/kami, dan saya/kami juga boleh membuat pertanyaan berkenaan dengan PDPA melalui emel kepada enquiry@tokiomarine.com.my.

Declaration/Pengisytiharan

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam Borang Cadangan ini dan saya/kami dengan ini mengaku bahawa saya/kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas.

Document Checklist

- Copy of proof of identification (eg. NRIC, passport) Copy of the result on Dengue Serology that has been certified by a Physician to be positive Copy of test result on Zika that has been certified by a physician to be positive

Signature of Patient/Parent/Guardian _____

Name: _____

NRIC: _____

Date: _____

Signature of Contract Owner/Employer _____

Name & Company Stamp

(Company stamp is compulsory for Group Policy)

Date: _____

E-Payment


TOKIO MARINE
 INSURANCE GROUP

Section A: Personal Details

Account Holder Name: _____

Account Holder Address: _____

Business Registration No. (Non-individual): _____ NRIC No./ID No./Passport No. (Individual): _____

Telephone No: _____ Handphone No: _____

Contact Person 1: _____ Email: _____

Contact Person 2: _____ Email: _____

 Bank Name _____ Bank Code _____ Bank Account Number (please ignore all dashes: '-')

Account Type Current Account Saving Account
 Other Info Individual Account Joint Account _____
 Others

(Support With Relevant Documents)

NRIC No./ID No./Passport No. (individual) for the 1st name

Section B: Declaration

I/We hereby authorize Tokio Marine Insurans (Malaysia) Berhad (TMIM) to credit all monies due to me/us to my/our bank account indicated above by way of Giro Fund Transfer/Rentas and confirm that:

- I/We hereby declare that the above is my personal account/our company account, and the information given is true and accurate to the best of my/our knowledge and record and I confirm that the account number written under this E-payment form is correct.
- I/We shall indemnify TMIM for any loss, damage or claims incurred in whatsoever manner as a consequence of acting on such instruction.
- I/We hereby give my consent to TMIM to disclose my Personal Data to TMIM's service providers and/or financial institutions for the purpose of effecting and administrating the electronic payments (Personal Data includes name, personal identification number, contact details and any other details not specifically mentioned herein).
- I/We understand that the supply of my Personal Data herein is voluntary and it is necessary for TMIM to process my Personal Data for effecting and administrating the electronic payments to me.

Notice:

Any future changes on the customer personal data, customer are required to write-in to us on the changes. Therefore, kindly provide the email address for the customer to notify the Person In Charge (PIC) to change his/her personal details and email to "letusknow@tokiomarine.com.my".

Authorised Signatory

Name: _____

Position: _____

Date: _____

*Company/Agency Signatory & Stamp

*Select where applicable

FOR OFFICE USE ONLY

To be completed by relevant department:

Date: _____ _____ Client Code: _____ _____ Requestor's Name & Signature/Stamp: _____ _____ Date received: _____ _____	Date: _____ _____ Requestor's Reporting Supervisor Name & Signature/Stamp: _____ _____ Created by: _____ _____ Verified by: _____ _____ Date: _____ _____	*Mandatory to proceed with payment processing on change request: This must be verified with a follow-up call with Payee / Counterpart with Contact details provided _____ *Call-Back Verification Date _____ *Verified by payee/counterpart on record with TMIM <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Supported with email confirmation on call-back verification</small> _____ *Verifier Name & Signature _____ *Reporting Supervisor/HOD Name & Signature _____
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