Registration No. 200601012246 (731996-H)

List of Documents required (Individual Takaful Claims)

Important Note:-

- CTC Certified True Copy
- The copy documents must be certified by Zurich Takaful Officer/Judge/Magistrate/Solicitors
- The Company reserves the right to request for further information or documents if deemed necessary
- A copy of claimant's NRIC/Passport/Residence Card will be required if it is not being submitted during application

Accident Claims

Compulsory Document

- Claimant's Statement 1.
- CTC of Claimant's NRIC/Passport/Residence Card
- Attending Physician's Statement Form* 3
- Original/CTC of Medical Certificates OR Light Duty Certificates
- Original Bills and Receipts (applicable for reimbursement claims)
- Additional Document (if any)
 - CTC of other relevant Medical Reports
 - CTC of Police Report 2
 - Newspaper cutting (Kindly translate in English or Bahasa Melayu if article is not in these languages) 3.
 - Photograph of Dismemberment/Injured Part (applicable for Permanent Dismemberment/Disablement claims) 4.
 - CTC of Imaging reports i.e. MRI, X-ray, CT Scan (applicable for Broken Bones and Burns claims)

*Item 3 of section A will be waived for claim amount less than RM 500, but the date of accident, cause and extend of injuries have to be endorsed by Attending Doctor on the Medical Chit or Receipt with attending doctor's signature and official stamp

Hospitalisation Claims

Compulsory Document

- Claimant's Statement
- CTC of Claimant's NRIC/Passport/Residence Card 2
- Attending Physician's Statement (Accident and Hospitalisation Claim Form)*
- CTC of Admission and Discharge Notes/Summary OR Hospital Bills/Invoices
- CTC of Histopathology Report (applicable for Female Illnesses claims)
- CTC of Blood Test /Pap Smear/Mammogram/Abdomen/Pelvis Ultrasound Report (applicable for Annual Medical Check Up Allowance claims)
- CTC of Childbirth Certificate (applicable for New-born Allowance claims)
- Original Bills and Receipts (applicable for reimbursement claims i.e. Wanita Illnesses claims) 8
- Additional Document (if any)
 - CTC of MRI, X-Ray, CT Scan or Other Radiology /Medical Reports

*Item 3 of section A will be waived if claim amount (per certificate) less than RM500

Death/Waiver of Contribution on Death Claims

Compulsory Document

- Claimant's Statement 1
- CTC of Claimant's NRIC/Passport/Residence Card
- CTC of Death Certificate 3
- Additional Document (if any)

 1. CTC of Marriage Certificate (if claimant is spouse) or Birth Certificate (if claimant is child) or Birth Certificate of Deceased (if claimant is parent)as proof of relationship
 Original Consent Letter (4 copies)

 - CTC of Report of Death Abroad from National Registration Department (NRD) if person covered dies abroad 3.
 - CTC of deceased's NRIC/Passport/Residence Card 4
- Documents to be completed if death due to sickness or natural causes С
 - Proof of Death Claim Form Physician's Statement (except for TSG/TSC)
- Documents to be submitted if death due to accident D
 - CTC of Postmortem/Coroner's Report 1.
 - CTC of Toxicology Report, if any 2.
 - 3. CTC of Police Report
 - Newspaper cutting, if any (Kindly translate to English or Bahasa Melayu if article is not in these languages) 4.

Critical Illness/Waiver of Contribution on Critical Illness Claims

Compulsory Document

- Claimant's Statement 1.
- CTC of Claimant's NRIC/Passport/Residence Card 2
- Confidential Medical Questionnaire depends on the type of disease or illness to be claim 3.
- CTC of relevant Diagnostic Imaging/Post-Surgical Report
- CTC of Histopathology/Histology Report (for Cancer claim only) 5.
- В Additional Document (if any)
 - CTC of other Medical Report (if relevant) 1.
 - Original Consent Letter (4 copies) 2

Customer Service Center

Ground Floor, Block B, Plaza Zurich, 12, Jalan Gelenggang, Bukit Damansara, 50490 Kuala Lumpur. (for other branches, please refer to company website)







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www.zurich.com.my Customer portal : www.myzurichlife.com.my



Zurich Takaful Malaysia Berhad

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Total Permanent Disability Claims

- Compulsory Document
 - Claimant's Statement

 - Claimant's Statement
 CTC of Claimant's NRIC/Passport/Residence Card
 Total and Permanent Disability Claim Form Attending Physician's Statement
 Neurological Examination Report Form

 Additional Document (if any)
 Original Consent Letter (4 copies)
 CTC of other Medical Report i.e. SOCSO, if applicable
- - CTC of Termination Letter, if applicable
- Document to be submitted if disability due to accident C)
 - CTC of Police Report 1.
 - Newspaper cutting, if any (Kindly translate to English or Bahasa Melayu if the article is not in these languages)

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1300-888-622

