

**CLAIM FORM**  
**BORANG TUNTUTAN**

**PRUDENTIAL BSN**

TAKAFUL

Certificate Number(s) <i>Nombor(-nombor) Sijil</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agent Name & Code/Name & IC No or Person Submitted Claim <i>Nama &amp; Kod Ejen&gt;Nama &amp; No Kad Pengenalan, Penghantar Tuntutan</i>		Date of Document Submission: <i>Tarikh Dokumen Diserahkan</i>	DD/HH MM/BB YY/TT <input type="text"/>
Agency Office/Address of Person Submitting Claim <i>Pejabat Agents/Alamat Penghantar Tuntutan</i>		Telephone No of Agent/Person Submitting Claim <i>No Telefon Ejen/Penghantar Tuntutan</i>	

**INSTRUCTION: Please complete the form in full and TICK (✓) boxes as appropriate**  
**ARAHAN: Sila lengkapkan borang tuntutan dan tanda (✓) pada kotak berkenaan**

**PART A: TYPE OF CLAIM**

**BAHAGIAN A: JENIS TUNTUTAN**

**Hospitalisation/Day Care Surgery [61601006]**  
*Rawatan Hospital/Pembedahan Harian*

- Hospitalisation / Day Care Surgery  
*Rawatan Hospital / Pembedahan Harian*
- Partially Settled by Other Insurers  
*Dibiayai Sebahagiannya Oleh Penanggung Insurans Lain*
- Overseas Treatment  
*Rawatan Luar Negara*

**Outpatient Treatment [61601006]**  
*Rawatan Pesakit Luar*

- Pre & Post Hospitalisation  
*Rawatan Sebelum & Selepas Kemasukan Hospital*
- Outpatient Cancer & Kidney Dialysis  
*Rawatan Luar Kanser & Dialisis Buah Pinggang*
- Emergency Treatment of Accidental Injury  
*Rawatan Kecemasan untuk Kecelakaan Akibat Kemalangan*
- Home Nursing Care  
*Manfaat Penjagaan Jururawat di Rumah*

**Allowance Benefits [61601006]**  
*Manfaat Elaun*

- Hospitalisation Benefit/Treatment/Well being Allowance  
*Manfaat kemasukan ospital/Rawatan/Elaun kesejahteraan*

**Deductible Accumuation [61601006]**  
*Pengumpulan Deduktibel*

- Deductible Accumulation  
*Pengumpulan Deduktibel*

**Personal Accident [61601006]**  
*Kemalangan Diri*

- Accident Medical Reimbursement  
*Pembayaran Balik Rawatan Akibat Kemalangan*
- Accident Disablement  
*Hilang Upaya Akibat Kemalangan*
- Weekly Indemnity  
*Manfaat Pampasan Mingguan*

**Critical Illness [61601011]**  
*Penyakit Kritikal*

- Critical illness benefit (eg: Crisis Cover)  
*Manfaat Penyakit Kritikal (cth: Crisis Cover)*
- Critical Illness Income / Instalment Benefit  
*Manfaat Pendapatan Penyakit Kritikal / Manfaat Ansuran*
- Female Illness Coverage (eg: Female care)  
*Perlindungan penyakit Wanita (cth: Female Care)*
- Contributor  
*Manfaat Contributor*

**Hilang and Permanent Disability [61601012]**  
*Hilang Upaya Kekal dan menyeluruh*

- Total and Permanent Disability  
*Hilang Upaya Kekal dan Menyeluruh*
- Total and Permanent Disability Instalment Benefit  
*Manfaat Ansuran Hilang Upaya Kekal dan Menyeluruh*

**Death [61601009]**  
*Kematian*

- Death  
*Kematian*

**Others [61601009]**  
*Lain-lain*

- Infant Secure Benefit / Congenital related  
*Manfaat Infant Secure/Berkaitan kongenital*
- Neonatal Jaundice  
*Jaundis Neonatal*
- Incubation / Intensive Care Unit / High Dependency Unit  
*Inkubasi / Unit Rawatan Rapi / Unit Rawatan Separa Rapi*
- Mom Care / Pregnancy / Maternity Complication  
*Manfaat Mom Care / Komplikasi Kehamilan*
- Infections Disease Benefit  
*Manfaat Penyakit Berjangkit*
- Vital Care  
*Manfaat Vital Care*
- Intraocular Lens Benefit  
*Manfaat Kanta Intraokular*
- Vaccination / Hajj/ Umrah Immunisation Benefit  
*Manfaat KImunisasi / immunisasi untuk Haji / umrah*
- Second Medical Opinion  
*Pendapat Perubatan Kedua*
- Organ transplant  
*Manfaat Transplan Organ*
- Additional Annual / Lifetime Limit  
*Manfaat Had Tahunan / Seumur hidup Tambahan*
- Mental Care Benefit  
*Manfaat Kesihatan Mental*
- Traditional Treatment Benefit  
*Manfaat Rawatan Tradisional*
- Others : \_\_\_\_\_ (please specify)  
*Lain-lain ( Sila Nyatakan)*

<b>Part B (i) Person Covered General Information</b> <i>Bahagian B (i) : Informasi Umum untuk Orang yang Dilindungi</i>												
1. Name of Person Covered <i>Nama Orang yng Dilindungi</i>												
2. NRIC/OLD IC/Passport/BC/Other <i>KP Baru/Lama/Pasport/Sijil Kelahiran</i>												
3. Current Correspondence Address <i>Alamat Surat-menyurat Semasa</i>												
4. Present Occupation <i>Pekerjaan Semasa</i>												
5. Name of Employer & Address <i>Nama Majikan &amp; Alamat</i>												
6. Handphone No. <i>No. Telefon Bimbit</i>												
7. E-mail Address <i>Alamat E-mel</i>												
<b>Part B (ii) Claimant Detail (If other then Person Coverd)</b> <i>Bahagian B (ii) : Maklumat Penuntut (Sekiranya bukan Orang yang Dilindungi)</i>												
1. Claimant's Name (Participant / Assignee/Other) <i>Nama Penuntut (Peserta/Penerima hak/lain-lain)</i>												
2. NRIC/Old IC/Passport/BC/Other <i>KP Baru/Lama/Pasport/Sijil Kelahiran</i>												
3. Current Correspondance Address <i>Alamat Surat Menyurat Terkini</i>												
4. Relationship to the Person Covered <i>Hubungan dengan Orang yang Dilindungi</i>												
5. Handphone No. <i>No. Telefon Bimbit</i>												
6. E-mail Address <i>Alamat E-mel</i>												
<b>Part B (iii) Please state if you are entitled for any medical/accidental benefit from any other sources</b> <i>Bahagian B (iii) : Sila nyatakan jika anda berhak mendapat sebarang manfaat perubatan/kemalangan dari sebarang sumber</i>												
Name of Company/Takaful/Insurer/Scheme <i>Nama Syarikat/Takaful/Insurer/Skim</i>	Certificate No./Policy No./Membership No. <i>No. Sijil/No. Keahlian</i>				Amount of Benefit <i>Amaun Manfaat</i>							
<b>Part C : Claim Information</b> <i>Bahagian C : Maklumat Tuntutan</i>												
<b>Part C (i) For Medical, Critical Illness, Total Permanent Disability and Other Claim if due to Illness</b> <i>Bahagian C (i) Untuk Tuntutan Jenis Perubatan, Penyakit Kritikal, Kehilangan Upaya Penuh dan Kekal dan Lain-lain jika diakibatkan penyakit</i>												
1. Sign(s) and symptom(s) of the condition <i>Tanda-tanda dan gejala kondisi</i>												
2. Duration Person Covered has been aware of the symptoms prior to consultation? <i>Tempoh Orang yang Dilindungi mengalami gejala sebelum konsultasi?</i>												
3. First Consultation with doctor to seek treatment? <i>Kali pertama bertemu dengan doktor dan mendapatkan rawatan?</i>	DD/HH	MM/BB	YY/TT									
4. What was the diagnosis informed to you by attending doctor? <i>Apakah diagnosis yang telah diberikan oleh doktor?</i>												

**Part C (iii) For Medical, Personal Accident and Total Permanent Disability Claim if due to accident**  
**Bahagian C (iii) Untuk Tuntutan Jenis Perubatan, Kemalangan Peribadi and Kehilangan Upaya Penuh dan Kekal jika diakibatkan kemalangan**

Date & Time of accident <i>Tarikh dan masa kemalangan</i>	<input type="text"/> Day <i>Hari</i>	<input type="text"/> Month <i>Bulan</i>	<input type="text"/> Year <i>Tahun</i>	<input type="text"/> am/pm <i>am/pm</i>
Place of accident <i>Lokasi kemalangan</i>				
Detailed description of accident <i>Butiran kemalangan secara terperinci</i>				
First consultation with doctor to seek treatment <i>Kali pertama bertemu doktor dan mendapatkan rawatan</i>				
Last working date prior to Disability <i>Tarikh terakhir bekerja sebelum Kehilangan Upaya</i>				
Date returned to work <i>Tarikh kembali bekerja</i>				

**Part C (iii) Further Information for Total Permanent Disability Claim**  
**Bahagian C (iii) Maklumat Lanjut Untuk Tuntutan Hilang Keupayaan Tetap dan Kekal Keseluruhan**

	Prior to suffering from disability <i>Sebelum kehilangan upaya</i>	Current employment status <i>Status pekerjaan sekarang</i>		
Occupation <i>Pekerjaan</i>				
Name and address of Employer <i>Nama dan Alamat Majikan</i>				
Please describe in detail the exact duties performed <i>Sila huraikan secara lengkap ciri-ciri kerja yang dilakukan</i>				
Are you medically boarded out? <i>Adakah anda diberhentikan kerja atas sebab kesihatan?</i>				
Are you currently confined to: <i>Adakah pergerakan anda kini terhad kepada:</i>	Bed-Ridden <i>Terlantar dikatit</i>	Home <i>Rumah</i>	Whee Chair Bount <i>Menggunakan Kerusi Roda</i>	Able to walk Aid <i>Bergerak dengan bantuan</i>

**Part C (v) For Death Claim**  
**Bahagian C (v) Untuk Tuntutan Kematian**

Date & Time of death <i>Tarikh dan Masa kematian</i>	Day <i>Hari</i>	Month <i>Bulan</i>	Year <i>Tahun</i>	AM/PM <i>Pagi/Petang</i>
Place of death <i>Lokasi kematian</i>				
Cause of death <i>Sebab kematian</i>	Illness <i>Penyakit</i>	Accident* <i>Kemalangan</i>	Suicide <i>Bunuh Diri</i>	Others, please specify: <i>Lain-lain, sila nyatakan:</i>
Had the deceased suffered any illness previously? <i>Adakah si mati menghadapi sebarang penyakit sebelum ini?</i>				
Marital Status at point of death <i>Status perkahwinan semasa kematian</i>	Single <i>Bujang</i>	Married <i>Berkahwin</i>	Divorced <i>Berceraai</i>	Widow/Widower <i>Duda/Janda</i>
Surviving family member(s) of the deceased <i>Ahli keluarga si mati</i>	Spouse <i>Suami/Isteri</i>	Father <i>Bapa</i>	Mother <i>Ibu</i>	Child(ren) _____ person(s) <i>Anak-anak _____ orang</i>
Has the deceased left a Will or Testament? <i>Adakah Si Mati meninggalkan wasiat atau pengakuan?</i>	YES <i>YA</i>		NO <i>TIDAK</i>	

**Part D : Checklist for Claim Submission ( Please tick if ( ✓ ) if enclosed****Bahagian D : Senarai semakan untuk SerahanTuntutan (Sila tandakan ( ✓ ) jika dilampirkan**

NOTE: The following list serves as a guide for basic requirements. PruBSN reserves the right to request, retain or to view other relevant supporting documents and information or the original documents whenever necessary.

NOTA: Senarai berikut hanya sebagai garis panduan umum. PruBSN berhak untuk meminta dokumen dan maklumat sokongan lain yang berkaitan, atau menyimpan untuk melihat dokumen asal apabila diperlukan pada bila-bila masa sahaja.

**Hospitalisation/Day Care Surgery/Outpatient Treatment Benefit/Allowance Benefit/ Personal Accident****Rawatan Hospital/Pembedahan Harian/Perubatan Pesakit Luar/ Manfaat Elaun/ Kemalangan Peribadi**

- Doctor's Statement  
*Kenyataan Doktor*
  - Discharge Summary(if any)  
*Ringkasan Discaj (jika ada)*
  - Copy of Itemised Bills  
*Salinan Bil-Bil Terperinci*
  - Original Official Receipt  
*Resit Rasmi Asal*
  - Laboratory Test Result, X-Ray, MRI/CT Scan, Ultrasound  
*Laporan Ujian Makmal, Sinar-X, MRI/CT, Ultrasound*
  - Copy of NRIC/Birth Certificate/ Passport  
*Salinan Kad Pengenalan/Sijil Kelahiran/ Pasport*
  - Copy of Bank Statement/ Passbook  
*Salinan Penyata Bank/Buku Simpanan Bank*
  - Copy of Settlement Letter from Other Insurer  
*Salinan Surat Penyataan dari penanggung Insurans lain*
  - E- Credit Form  
*Borang Kemudahan Kredit Terus*
  - Police Report  
*Laporan Polis*
  - Other Document  
*Dokumen lain: \_\_\_\_\_*
- i) Copy of medical certificate / Healing progression report (for Weekly indemnity benefit)  
*Salinan cuti sakit / laporan perkembangan penyembuhan (untuk manfaat pampasan mingguan)*

**Critical Illness/ Total and Permanent Disability****Penyakit Kritikal/Kehilangan Upaya Penuh dan Kekal**

- Confidential Medical Certificate/Doctor's Statement  
*Sijil Perubatan Sulit/Kenyataan Doktor*
- Operation Report (if any)  
*Laporan pembedahan (jika ada)*
- Copy of tests results: Histopathology, X-ray, MRI, CT Scan,Ultrasound, Blood Test, and all other Lab Test Report  
*Salinan Laporan Ujian: Histopatologi, Sinar-X, MRI, Skan CT, Ultrasound, Ujian Darah, dan lain-lain Ujian Makmal*
- Copy of Letter Medically Boarded Out from Employer (where applicable)  
*Salinan Surat Persaraan atas Alasan Kesihatan daripada Majikan (jika berkenaan)*
- Copy of Confirmation Letter from SOCSO (where applicable)  
*Salinan Surat Penyataan dari PERKESO (jika berkenaan)*
- Copy of NRIC/Birth Certificate/Passport  
*Salinan Kad Pengenalan/Sijil Kelahiran/ Pasport*
- E-Credit Form  
*Borang Kemudahan Kredit Terus*
- Copy of Bank Statement/ Passbook  
*Salinan Penyata Bank/Buku Simpanan Bank*
- Other Document  
*Dokumen lain: \_\_\_\_\_*

**Death****Kematian**

- Medical Attendant's Certificate  
*Sijil Perawat Perubatan*
- Certified True Copy of Death Certificate  
*Salinan Sijil Kematian yang disahkan benar*
- Proof of Relationship  
*Bukti Hubungan*
- Police detailed investigation report  
*Laporan siasatan polis*
- Copy of NRIC/Birth Certificate/ Passport  
*Salinan Kad Pengenalan/Sijil Kelahiran/Pasport*
- Copy of Bank Statement/ Passbook  
*Salinan Penyata Bank/Buku Simpanan Bank*
- E- Credit Form  
*Borang Kemudahan Kredit Terus*
- Post Mortem Report  
*Laporan Bedah Siasat Awal*
- Other Document  
*Dokumen lain: \_\_\_\_\_*

**Others****Lain-lain****Doctor's Statement:****Kenyataan Doktor Yang Merawat:**

- Paediatrician  
*Paediatrik*
- Infectious Disease  
*Penyakit Berjangkit*
- Pregnancy Complication  
*Komplikasi Kehamilan*
- Neonatal Jaundice  
*Jaundis Neonatal*
- Copy of admission final bills/tax invoices with itemised breakdown details  
*Salinan bil-bil/invois terperinci dengan penyata*
- Copy of tests results: Histopathology, X-ray, MRI, CT scan, ultrasound, blood test, visual acuity, audiogram report and all other lab test report  
*Salinan laporan ujian: Histopatologi, Sinar-X, MRI, Skan CT, ultrasound, ujian darah, visual acuity, audiogram, dan lain- lain ujian makmal*

List of ORIGINAL receipt(s) submitted (including Deposit / Refund / Final Receipts), Please paste on an A4 paper according to receipt date. <i>Senarai resit ASAL yang dilampirkan (termasuk Deposit / Pulangan / Resit Akhir). Sila tampal di atas kertas A4 mengikut susunan resit)</i>	Receipt Date	Receipt No	Receipt Amount	Receipt Date	Receipt No	Receipt Amount
	<i>Tarikh Resit</i>	<i>No Resit</i>	<i>Amaun Resit</i>	<i>Tarikh Resit</i>	<i>No. Resit</i>	<i>Amaun Resit</i>
<b>Total / Jumlah</b>						

**Part E (i) Declaration and Authorisation**  
*Bahagian E (i) Pengakuan & Kebenaran*

I/We hereby declare that the information provided in this claim form is true and complete to the best of my knowledge that I/the Person Covered have/has not suffered from any pre-existing conditions at the time this certificate was issued. I/We further declare that the current confinement to the hospital is not due to any causes which are stipulated in the Exclusion Clause of the certificate.

I/We hereby agree that if I have made or have previously made any false or untrue statement and/or prevented the disclosure of material facts in respect of my/the Person Covered's health and condition, the Company shall revoke my/the Person Covered's rights for any compensation, as well as reserve the rights to recover any amount paid previously as a result of this matter.

I/We hereby authorise any physician, hospital, clinic, takaful operator, insurance company, organisations, institutions or persons, that have any records or knowledge of me/the Person Covered or my/the Person Covered's health, to disclose to Prudential BSN Takaful Berhad, or its representatives all information. A copy of this authorisation is valid as the original authorisation.

I / We have been informed and understand that this claim is only claimable once. I / We cannot forward this claim to any other insurance or takaful entity for reimbursement purposes. PruBSN stands as the sole entity for this particular claim.

I / We are obligated to promptly inform PruBSN in writing in the event of any changes, modifications or developments concerning this claim, including submission to or recovery from another insurance or takaful entity or any other alternative sources.

If I / We receive reimbursement from any other source for the same claim, I / We must refund to PruBSN, the claim amount paid by PruBSN.

In the event I / We receive a double claim payment for the same claim, I / We shall promptly notify PruBSN in writing and refund the excess amount paid by PruBSN to PruBSN within 7 days from the date of notification of the duplicate payment.

*Saya/Kami dengan ini mengaku bahawa maklumat yang diberikan di dalam borang tuntutan ini adalah benar dan lengkap mengikut pengetahuan terbaik saya dan saya/Orang yang Dilindungi tidak mengalami sebarang kondisi kesihatan sedia ada semasa sijil ini dikeluarkan. Saya/Kami seterusnya mengakui bahawa termasuk ke hospital ini tidak disebabkan oleh sebarang sebab seperti yang dinyatakan di dalam Klausula Pengecualian sijil ini.*

*Saya/Kami bersetuju bahawa sekiranya saya/Orang yang dilindungi membuat atau pada masa lalu telah membuat, sebarang kenyataan palsu atau tidak benar dan/atau menghalang dan/atau menyembunyikan fakta penting mengenai kesihatan dan keadaan saya/Orang yang Dilindungi, pihak Syarikat boleh membatalkan hak saya/Orang yang Dilindungi untuk mendapat sebarang pampasan serta mempunyai hak untuk mendapatkan semula sebarang jumlah yang telah dibayar sebelum ini akibat daripada tindakan tersebut.*

*Saya/Kami dengan ini memberi kebenaran mana-mana doktor, hospital, klinik, pengendali takaful, syarikat insurans, organisasi-organisasi, institusi-institusi atau individu-individu, yang mempunyai sebarang rekod atau maklumat mengenai saya/Orang yang Dilindungi atau kesihatan saya/Orang yang Dilindungi, untuk mendedahkan semua maklumat kepada Prudential BSN Takaful Berhad, atau wakilnya. Salinan kebenaran ini adalah sah seperti salinan asal.*

*Saya / Kami telah dimaklumkan dan memahami bahawa tuntutan ini hanya boleh dituntut sekali sahaja. Saya / Kami tidak boleh mengemukakan tuntutan ini kepada mana-mana entiti insurans atau takaful lain untuk tujuan pembayaran balik. PruBSN merupakan entiti tunggal bagi tuntutan ini.*

*Saya / Kami mengesahkan bahawa saya tidak mengemukakan tuntutan ini kepada mana-mana entiti insurans atau takaful lain atau sumber alternatif lain untuk tujuan pembayaran balik.*

*Saya / Kami bertanggungjawab untuk segera memaklumkan kepada PruBSN secara bertulis sekiranya terdapat sebarang perubahan, pengubah suaian atau perkembangan mengenai tuntutan ini, termasuk penyerahan kepada atau tuntutan dari mana-mana entiti insurans atau takaful lain atau sumber alternatif lain.*

*Jika Saya / Kami menerima pembayaran balik dari mana-mana sumber lain untuk tuntutan yang sama, Saya / Kami mesti membayar balik jumlah tuntutan yang dibayar oleh PruBSN, kepada PruBSN.*

*Jika Saya / Kami menerima bayaran tuntutan berganda untuk tuntutan yang sama, Saya / Kami akan segera memberitahu PruBSN secara bertulis dan mengembalikan jumlah lebihan yang dibayar oleh PruBSN kepada PruBSN dalam masa 7 hari dari tarikh pemberitahuan tuntutan berganda tersebut.*

**Part E (ii) Privacy Notice**  
*Bahagian E (ii) Notis Privasi*

We will process the personal data provided by you in this form and it is obligatory for you to provide the personal data required herein. If you fail to provide such data, we will not be able to process your application. We will process the personal data for the purposes of processing, assessing and determining your application or carrying out any activity in relation to or in connection with carrying out our duties as a takaful operator.

We may share the data with our related, associated or affiliated companies (this includes entity within the Prudential Group of Companies or Bank Simpanan Nasional Group of Companies), service providers under contract who help with our business operations (including those overseas); any person, who is under a duty of confidentiality and who has undertaken to keep such data confidential; and any person consented by you or to whom we are under an obligation to make disclosure under the requirements of any law, rules, regulations, court order, codes of practice or guidelines binding on us including, without limitation, any applicable regulators, governmental bodies, or industry recognised bodies such as the Life Insurance Association of Malaysia and Malaysian Takaful Association, and where otherwise required by law.

We reserve the right to disclose your personal data if required to do so by law, or in the good faith believe that such action is reasonably necessary to comply with the legal process, respond to claims, or to protect the rights, property or safety of our company, our employees, customers, or the public. If we are merged or acquired by another entity, personally identifiable information may be transferred to such entity as part of the merger or acquisition. If you are supplying personal data of other parties such as your family members, legal guardians, nominees, directors, shareholders or officers, please do ensure that you have obtained their consent and bring this notice to their attention.

Where you elect to limit our right to process the personal data, you may contact us in writing. For avoidance of doubt, the withdrawal or limitation does not include processing of mandatory personal data. This notice shall be read together with our Privacy Policy on our website, [www.prubsn.com.my](http://www.prubsn.com.my) and our Privacy Notice in our Proposal Form. If you have any question about this notice, please contact:- Customer Service Officer, E-mail: [customer@prubsn.com.my](mailto:customer@prubsn.com.my) | Telephone: 03 2053 7188 | Fax: 03 2026 7688

I/We have read the summary of PruBSN's Privacy Policy above and understand that this is only a summary of PruBSN's Privacy Policy and is not intended to be taken as the full version of the same. The full version of PruBSN's Privacy Policy is on PruBSN's corporate website and will be updated from time to time. The latest version of PruBSN's Privacy Policy on its corporate website shall take precedence over any privacy policies previously displayed on its corporate website. Any update to PruBSN's Privacy Policy shall be notified on its corporate website, or by electronic means, or by any other method if we feel the circumstances are appropriate after considering the market developments on such method. Any personal data, including any sensitive personal data ("Personal Data") provided in this proposal form shall be processed in accordance with PruBSN's Privacy Policy displayed on its corporate website at [www.prubsn.com.my](http://www.prubsn.com.my).







**E-CREDIT DECLARATION / PENGAKUAN KREDIT**

In consideration of Prudential BSN Takaful Berhad (PruBSN) agreeing to grant this Facility to me, I hereby declare that:

*Berdasarkan persetujuan oleh Prudential BSN Takaful Berhad (PruBSN) untuk memberikan Kemudahan ini kepada saya, saya dengan ini mengisytiharkan bahawa:*

1. PruBSN is authorised to deposit the relevant payments under the Certificate, which are payable to me, into the account provided in this Form.  
*PruBSN diberi kuasa untuk memasukkan bayaran yang berkaitan di bawah Sijil tersebut yang akan dibayar kepada saya ke dalam Akaun yang diberikan di dalam Borang ini.*
2. I agree not to hold PruBSN liable for any losses, damages, costs and expenses that I may suffer whether directly or indirectly:  
*Saya bersetuju bahawa PruBSN tidak bertanggungjawab ke atas sebarang kerugian, kerosakan, kos dan perbelanjaan yang mungkin saya alami sama ada secara langsung atau tidak langsung:*
  - for paying or crediting payments due to me according to the Account details provided in this Form;  
*kerana membayar atau mengkreditkan bayaran kepada saya mengikut butiran Akaun yang diberikan di dalam Borang ini;*
  - in the event of any invalid or inaccurate Account details that I provided results in payment being credited into a third-party account, the payment made to the account is still deemed as full payment for the relevant payments; and  
*sekiranya butiran Akaun yang saya berikan didapati tidak sah atau tidak tepat sehingga menyebabkan pembayaran dikreditkan ke dalam akaun pihak ketiga, pembayaran yang dibuat itu masih dianggap sebagai pembayaran penuh bagi bayaran yang berkaitan; dan*
  - if for any reason PruBSN is unable to pay or credit the payments into the Account through no fault of the Company, including but not limited to, the payments being rejected by the financial institution, where the Account is held.  
*jika atas sebarang sebab PruBSN tidak dapat membayar atau mengkreditkan bayaran ke dalam Akaun tetapi bukan di atas kesalahan PruBSN, termasuk tetapi tidak terhad kepada, pembayaran ditolak oleh institusi kewangan di mana Akaun tersebut dipegang.*
3. The payments made into the account shall be good discharge of PruBSN's liability to me under the Certificate and I shall have no further claim against the Company for the same.  
*Pembayaran yang dibuat ke dalam Akaun tersebut melepaskan liabiliti PruBSN kepada saya di bawah Sijil tersebut dan saya tidak boleh membuat tuntutan tambahan terhadap pihak Syarikat bagi perkara yang sama.*
4. I hereby irrevocably undertake to keep PruBSN harmless and fully indemnified against any and all actions, claims, proceedings, costs (including legal costs on solicitor and client basis) and damages, including any compensation paid by PruBSN to settle such claims, that may howsoever arise from or be incidental to my instruction with respect to the Facility or Account above and any of PruBSN 's payment into the Account. This authorisation and indemnity shall be binding upon my respective successors-in-title, executors, administrators, personal representatives or heirs.  
*Saya dengan ini secara muktamad berjanji akan melepaskan dan melindungi PruBSN sepenuhnya daripada sebarang dan semua tindakan, tuntutan, prosiding, kos (termasuk kos guaman atas dasar peguamcara dan anak guam) dan ganti rugi, termasuk sebarang pampasan yang dibayar oleh PruBSN untuk menyelesaikan tuntutan sedemikian, yang mungkin atau secara kebetulan timbul daripada atas arahan saya berkenaan dengan Kemudahan atau Akaun di atas dan sebarang pembayaran oleh PruBSN ke dalam Akaun tersebut. kuasa dan tanggung rugi ini akan mengikat pengganti hak milik, wasi, pentadbir, wakil peribadi atau waris saya.*

Signature of Participant / Assignee:  
*Tandatangan Peserta / Penerima Hak :*

Name / Nama :

Identification No.\* / No. Pengenalan Diri\*:

Date / Tarikh:

Note: \*Identification No. refers to NRIC/Old IC No, Army / Police ID, Birth Certificate No, Passport No

*Nota: \* No Pengenalan diri merujuk pada No KP Baru/Lama, No Pengenalan Tentera/Polis , No Sijil Beranak atau Pasport*

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