

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 Number or Person Submitted Claim <i>Nama & Kod Ejen / Nama & Nombor Kad Pengenalan, Penyerah 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 Penyerah Tuntutan</i> | | Telephone Number of Agent / Person Submitting Claim <i>Nombor Telefon Ejen / Penyerah 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 Takaful Operators or Insurers
Dibiayai Sebahagiannya Oleh Pengendali Takaful atau 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 Pesakit 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 Hospital / Rawatan / Elaun kesejahteraan

Deductible Accumulation [61601006]
Pengumpulan Deduktibel

- Deductible Accumulation
Pengumpulan Deduktibel

Personal Accident [61601003]
Kemalangan Diri

- Accidental 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
Penyakit Berjangkit
- Vital Care
Penjagaan Vital
- Intraocular Lens Benefit
Kanta Intraokular
- Vaccination / Hajj/ Umrah Immunisation Benefit
Klmunisasi / immunisasi untuk Haji / umrah
- Second Medical Opinion
Pendapat Perubatan Kedua
- Organ transplant
Transplan Organ
- Additional Annual / Lifetime Limit
Had Tahunan / Seumur hidup Tambahan
- Mental Care Benefit
Manfaat Kesihatan Mental
- Traditional Treatment Benefit
Manfaat Rawatan Tradisional
- Others : _____ (please specify)
Lain-lain (Sila Nyatakan)

| Part B (i) Person Covered General Information <i>Bahagian B (i) : Informasi Umum untuk Orang yang Dilindungi</i> | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------|-------|--|--|-------------------------------------------|--|--|--|--|--|--|--|
| 1. Name of Person Covered <i>Nama Orang yng Dilindungi</i> | | | | | | | | | | | | | |
| 2. IC / Passport / Birth Certificate <i>Nombor Kad Pengenalan / 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 & Alamat</i> | | | | | | | | | | | | | |
| 6. Handphone Number <i>Nombor Telefon Bimbit</i> | | | | | | | | | | | | | |
| 7. E-mail Address <i>Alamat E-mel</i> | | | | | | | | | | | | | |
| Part B (ii) Claimant Detail (If other then Person Coverd) <i>Bahagian B (ii) : Maklumat Penuntut (Sekiranya bukan Orang yang Dilindungi)</i> | | | | | | | | | | | | | |
| 1. Claimant's Name (Participant / Assignee/Other) <i>Nama Penuntut (Peserta / Pemegang Serah Hak / Lain-lain)</i> | | | | | | | | | | | | | |
| 2. IC / Passport / Birth Certificate <i>Nombor Kad Pengenalan / Pasport / Sijil Kelahiran</i> | | | | | | | | | | | | | |
| 3. Current Correspondence Address <i>Alamat Surat-menyurat Semasa</i> | | | | | | | | | | | | | |
| 4. Relationship to the Person Covered <i>Hubungan dengan Orang yang Dilindungi</i> | | | | | | | | | | | | | |
| 5. Handphone Number <i>Nombor Telefon Bimbit</i> | | | | | | | | | | | | | |
| 6. E-mail Address <i>Alamat E-mel</i> | | | | | | | | | | | | | |
| Part B (iii) Please state if you are entitled for any medical/accidental benefit from any other sources <i>Bahagian B (iii) : Sila nyatakan jika anda berhak mendapat sebarang manfaat perubatan/kemalangan dari sebarang sumber</i> | | | | | | | | | | | | | |
| Name of Company / Takaful Operator / Insurer / Scheme <i>Nama Syarikat / Pengendali Takaful / Penanggung Insuranse / Skim</i> | Certificate / Policy / Membership Number <i>Nombor Sijil / Polisi / Keahlian</i> | | | | | Amount of Benefit <i>Amaun Manfaat</i> | | | | | | | |
| | | | | | | | | | | | | | |
| Part C : Claim Information <i>Bahagian C : Maklumat Tuntutan</i> | | | | | | | | | | | | | |
| Part C (i) For Medical, Critical Illness, Total Permanent Disability and Other Claim if due to Illness <i>Bahagian C (i) Untuk Tuntutan Jenis Perubatan, Penyakit Kritikal, Hilang Upaya Kekal dan Menyeluruh serta 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 mengetahui tentang gejala sebelum konsultasi?</i> | | | | | | | | | | | | | |
| 3. First Consultation with doctor to seek treatment? <i>Kali pertama bertemu dengan Doktor untuk 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 (ii) For Medical, Personal Accident and Total Permanent Disability Claim if due to accident <i>Bahagian C (iii) Untuk Tuntutan Jenis Perubatan, Kemalangan Diri dan Hilang Upaya Kekal dan Menyeluruh jika akibat kemalangan.</i> | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|
| 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>Pagi/petang</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 mendapat nasihat Doktor untuk rawatan</i> | | | | |
| Last working date prior to Disability <i>Tarikh akhir bekerja sebelum Hilangan Upaya</i> | | | | |
| Date returned to work <i>Tarikh kembali bekerja</i> | | | | |
| Part C (iii) Further Information for Total Permanent Disability Claim <i>Bahagian C (iii) Maklumat Lanjut Untuk Tuntutan Hilang Upaya Kekal dan Menyeluruh</i> | | | | |
| | Prior to suffering from disability <i>Sebelum hilang 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 terperinci 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 atas katil</i> | Home <i>Rumah</i> | Whee chair bound <i>Menggunakan Kerusi Roda</i> | Able to walk aid <i>Bergerak dengan bantuan</i> |
| Part C (v) For Death Claim <i>Bahagian C (v) Untuk Tuntutan Kematian</i> | | | | |
| 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 panduan untuk keperluan asas. PruBSN berhak untuk meminta, menyimpan atau melihat dokumen dan maklumat sokongan lain yang berkaitan, atau dokumen asal apabila diperlukan pada bila-bila masa sahaja.

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

- 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/ Imbasan CT, Ultrasound
- Copy of IC / 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 / Hilang Upaya Kekal dan Menyeluruh

- 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, Imbasan CT, Ultrasound, Ujian Darah, dan lain-lain Ujian Makmal
- Copy of Letter Medically Boarded Out from Employer (where applicable)
Salinan Surat Pemberhentian atas Alasan Kesihatan daripada Majikan (jika berkenaan)
- Copy of Confirmation Letter from SOCSO (where applicable)
Salinan Surat Pengesahan dari PERKESO (jika berkenaan)
- Copy of IC / 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
- Proof of Relationship
Bukti Hubungan
- Police detailed investigation report
Laporan siasatan polis terperinci
- Copy of IC / 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 / invois dengan butiran pecahab terperinci
- 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, X-ray, MRI, imbasan CT, ultrasound, ujian darah, ketajaman visual, 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 dan susun mengikut tarikh 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> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Total / Jumlah | | | | | |

Part E (i) Declaration and Authorisation
Bahagian E (i) Pengakuan & Pemberian Kuasa

I/We hereby declare that the information provided in this claim form is true and complete to the best of my knowledge, and 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 to 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 as valid as the original authorisation.

I / We have been informed and understand that this claim is only eligible for claim 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.

I/ We understand that PruBSN is required to collect my/our Malaysia Taxpayer Identification Number (TIN) and Sales & Service Tax (SST) Registration Number (where applicable) in compliance with the e-Invoice guidelines of the Inland Revenue Board of Malaysia (IRBM).

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 masalah kesihatan sedia ada semasa sijil ini dikeluarkan. Saya/Kami seterusnya mengakui bahawa kemasukan ke hospital ini bukan kerana 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 kuasa bagi 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 pemberian kuasa 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 berlebihan yang dibayar oleh PruBSN kepada PruBSN dalam masa 7 hari dari tarikh pemberitahuan tuntutan berganda tersebut.

Saya/ Kami faham bahawa PruBSN dikehendaki mendapatkan butiran Nombor Cukai Pendapatan Malaysia (TIN) dan Nombor Pendaftaran Cukai Jualan dan Perkhidmatan(SST) saya/kami (jika berkenaan) selaras dengan garis panduan e-Invois Lembaga Hasil Dalam Negeri Malaysia (LHDNM).

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 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 | 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.

E – CREDIT TERMS AND CONDITIONS / TERMA –TERMA DAN SYARAT SYARAT KREDIT

1. This Direct Credit facility ("Facility") is provided to the applicant subject to the approval of Prudential BSN Takaful Berhad (PruBSN) and the terms and conditions below.
Kemudahan Kredit Terus ("Kemudahan") ini diberikan kepada pemohon tertakluk pada kelulusan Prudential BSN Takaful Berhad (PruBSN) dan terma-terma dan syarat-syarat di bawah.
2. To apply for this Facility, the applicant must: / Untuk memohon Kemudahan ini, pemohon mestilah:
 - be the person covered, certificate owner or the assignee of a valid takaful certificate held with PruBSN
merupakan orang yang dilindungi, pemilik sijil atau pemegang serah hak sijil takaful yang sah dengan PruBSN;
 - nominate a valid individual bank account ("Account") with a licensed financial institution in Malaysia that participates in the Interbank Giro (IBG) payment system for the purpose of this Facility;
menamakan akaun bank individu yang sah ("Akaun") dengan institusi kewangan berlesen di Malaysia yang mengambil bahagian dalam sistem pembayaran Giro Antara Bank (IBG) untuk tujuan Kemudahan ini;
 - provide a copy of bank statement or the first page of bank passbook bearing the number and details of the Account clearly showing the signature of the applicant. If the copy the bank statement or the first page of bank passbook is not provided, the applicant is deemed to have confirmed the Account details provided in this application form ("Form") as valid and accurate;
menyediakan satu salinan penyata bank atau halaman pertama buku akaun bank pemohon yang mengandungi nombor dan butiran Akaun serta menunjukkan tandatangan pemohon dengan jelas. Jika salinan penyata bank atau halaman pertama buku akaun bank pemohon tidak diberikan, pemohon dianggap telah mengesahkan butiran Akaun di dalam borang permohonan ini ("Borang") sebagai sah dan tepat;
 - provide a copy of identity card or passport (where applicable) for verification purposes; and
menyediakan satu salinan kad pengenalan atau pasport (jika berkenaan) pemohon untuk tujuan pengesahan; dan
 - complete, sign and submit this Form to PruBSN.
melengkapkan, menandatangani dan menyerahkan Borang ini kepada pihak PruBSN.
3. Subject to the approval from PruBSN on this application, PruBSN shall pay or credit the relevant payments of the takaful certificate ("Certificate") described in this Form into the Account as instructed and authorised by the applicant.
Tertakluk pada kelulusan permohonan ini daripada PruBSN, PruBSN akan membayar atau mengkreditkan bayaran yang berkaitan dengan sijil takaful ("Sijil") yang dinyatakan di dalam Borang ini ke dalam Akaun seperti yang diarahkan dan diberi kuasa oleh pemohon.
4. PruBSN shall continue to pay or credit the relevant payments of the Certificate into the Account until and unless the applicant or the legal representative of the applicant submits a written instruction to revoke the authority given to PruBSN or submits a new application to change the Account details provided in this Form at least one (1) month before the next payment date.
PruBSN akan terus membayar atau mengkreditkan bayaran yang berkaitan dengan Sijil ke dalam Akaun sehingga dan melainkan pemohon atau wakil sah pemohon mengemukakan satu arahan bertulis untuk membatalkan kuasa yang diberikan kepada PruBSN atau mengemukakan permohonan baru untuk menukar butiran Akaun yang diberikan di dalam Borang ini sekurang-kurangnya satu (1) bulan sebelum tarikh pembayaran seterusnya.
5. PruBSN may approve the application submitted for this Facility in its absolute discretion or choose to make payments for the Certificate to the relevant party by cheque.
PruBSN boleh meluluskan permohonan yang dikemukakan untuk Kemudahan ini mengikut budi bicara mutlaknya atau memilih untuk membuat pembayaran bagi Sijil tersebut kepada pihak yang berkaitan melalui cek.

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. Pemberian kuasa dan tanggung rugi ini akan mengikat pengganti hak milik, wasi, pentadbir, wakil peribadi atau waris saya.

Authorisation for Medical Report Collection / Pemberian Kuasa untuk Mengambil Laporan Perubatan

I/We hereby authorise _____ (IC No: _____) to collect and submit my Medical Report on my behalf. I/We shall not hold the Company accountable or liable in any way for any unauthorised access to or disclosure of the information in my medical report, or for any unauthorised act relating to such information, by such named person or third party.

Saya/Kami dengan ini memberi kuasa kepada _____ (IC No: _____) untuk mengambil dan menyerahkan Laporan Perubatan bagi pihak saya/kami. Saya/Kami tidak akan meletakkan tanggungjawab ke atas pihak Syarikat dalam bentuk apa pun terhadap akses tidak sah atau pendedahan maklumat dalam laporan perubatan saya atau untuk setiap tindakan tidak sah yang berkaitan dengan maklumat tersebut oleh orang yang dinamakan di atas atau pihak ketiga.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|
| | Signature of Person Covered / Participant / Assignee <i>Tandatangan Orang Dilindungi / Peserta / Pemegang Serah Hak</i> | | Signature of Witness <i>Tandatangan Saksi</i> |
| Name / Nama: - _____ NRIC Number / Passport Number <i>Nombor Kad Pengenalan / Nombor Pasport:</i> _____ Telephone Number / Nombor Telefon: _____ Date / Tarikh: _____ | Name / Nama: - _____ NRIC Number / Passport Number <i>Nombor Kad Pengenalan / Nombor Pasport:</i> _____ Telephone Number / Nombor Telefon: _____ Date / Tarikh: _____ | | |
| Malaysia Tax Identification Number (TIN) <i>Nombor Pengenalan Cukai Malaysia (TIN)</i> <input data-bbox="65 869 496 925" type="text"/> | Notes / Nota-nota: Any Individual or entity who is a registered taxpayers with Inland Revenue Board Malaysia (IRBM) will be assigned with a Tax Identification Number (TIN) / Mana-mana individu atau entiti yang berdaftar sebagai pembayar cukai dengan Lembaga Hasil Dalam Negeri Malaysia (LHDNM) akan diberikan Nombor Cukai Pendapatan (TIN) TIN is mandatory for Participant of bussiness certificate/ TIN adalah wajib bagi peserta sijil perniagaan . | | |
| Sales and Services Tax (SST) Registration Number <i>Nombor Pendaftaran Cukai Jualan dan Perkhidmatan (SST)</i> <input data-bbox="65 1081 496 1137" type="text"/> | Notes / Nota-nota: SST refers to Sales and Services Tax number (if applicable). For further details, please refer to https://mysst.customs.gov.my/ . / SST merujuk kepada Nombor Cukai Jualan dan Perkhidmatan (jika berkenaan). Untuk maklumat lanjut, sila rujuk https://mysst.customs.gov.my/ . Please provide either / both Sales and Services Tax registration number(s) if you are registered with the Royal Malaysian Customs Department (RMCD). For example, "W10-1000-10000000; W11-1111-11111111" (if not applicable please fill in as "NA") / Sila berikan nombor pendaftaran Cukai Jualan atau perkhidmatan atau kedua-duanya jika anda berdaftar dengan Jabatan Kastam Diraja Malaysia (JKDM). Contohnya, "W10-1000-10000000; W11-1111-11111111" (jika tidak berkenaan, sila isi sebagai "NA") | | |

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Prudential BSN Takaful Berhad (Company No: 200601020898)
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