

Claim Form

Credit Protect Plus

Please answer all questions completely and accurately. For faster processing of claim, please ensure that all documentary requirements are complete and must be submitted together with the Claim Form.

TO BE COMPLETED BY CLAIMANT

Name of Cardholder	COI / COC No.
Full Name of Principal Insured	Contact No.
Full Name of Insured Patient	Email Address
Complete Mailing Address	
Type of Claim: (Please check)	
<input type="checkbox"/> Credit Life <input type="checkbox"/> Accidental Death <input type="checkbox"/> Permanent Disability due to Accident <input type="checkbox"/> Lost/Stolen Card Identity Theft & Cloning	
<p>I, the undersigned declare that the particulars stated on this form are true in every respect. I have supplied full information on all particulars relevant to this claim and the amounts claimed are lawfully due to me under the terms, conditions, and exceptions of this policy.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Patient</p>	

Note: You will be notified if additional documents are required. Malayan Insurance makes no admission of liability or waiver of rights by furnishing this form.

Requirements:

Lost / Stolen Card and Identity Theft/Cloning

- Proof of Initial advise to Bankard
- Police reports filed in the precinct covering the areas where the loss occurred and detailing the card crime, date and exact time of occurrence of the incident
- Copy of insured card statement showing details of unauthorized transaction/s
- Loss/ incident report from Bankard.
- Valid government issued ID with picture and signature.