



TAKAFUL IKHLAS FAMILY BERHAD (593075 U)
 (Formally known as Takaful Ikhlas Berhad)
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**KENYATAAN PEGAWAI PERUBATAN (KEMATIAN)
 ATTENDING PHYSICIAN STATEMENT (DEATH)**

Peringatan / Reminders :

- Borang ini hendaklah diisi oleh Pegawai Perubatan bertauliah yang memberi rawatan terakhir kepada si mati.
This form must be completed by the certified Medical Officer who had attended to the deceased during the last illness
- Segala perbelanjaan untuk mendapatkan laporan ini adalah menjadi tanggungan penuntut.
Any cost incurred in relation to this report is borne by the claimant

NO. SIJIL / CERTIFICATE NO.

A. BUTIRAN KEMATIAN PESERTA / PARTICIPANT'S DEATH DETAILS

1. Nama penuh si mati / Deceased's name in full:

2. No. Kad Pengenalan: Baru Lama
 NRIC No. New Old

3. Alamat semasa kematian / Residence at the time of death:

 Poskod/ Postcode Bandar / Town

4. Tempat kematian / Place of death

5. Tarikh kematian / Date of Death
 HH/DD BB/MM TT/YY

6. Berapa umur si mati? / What was the age of the deceased? Tahun
 Years

B. MAKLUMAT PERUBATAN / MEDICAL INFORMATION

<p>1. Berapa lamakah anda mengenali si mati? <i>How long have you known the deceased?</i></p>	
<p>2. Berapa lamakah anda telah merawat dan menjadi penasihat kepada si mati? Jika ya, nyatakan nama penyakit, jenis jenis rawatan serta tarikh rawatan. <i>How long have you been the medical attendant or advisor for the deceased? If yes, please state the diagnosis, treatment given and the date of consultation.</i></p>	
<p>3. a. Tarikh lawatan pertama si mati. Nyatakan untuk penyakit apa. <i>Date of deceased's first visit. Please state the illness.</i></p> <p>b. Tarikh lawatan terakhir si mati. Nyatakan untuk penyakit apa. <i>Date of deceased's last visit. Please state the illness.</i></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HH/DD BB/MM TT/YY</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HH/DD BB/MM TT/YY</p>
<p>4. Adakah anda merawat si mati semasa sakitnya yang terakhir? Jika ya, untuk penyakit apa? <i>Did you attend the deceased during his last illness? If yes, for what disease?</i></p>	<p><input type="checkbox"/> Ya / Yes <input type="checkbox"/> Tidak / No</p>
<p>5. a. Apakah punca utama kematian tersebut? <i>What was the immediate cause of death?</i></p> <p>b. Apakah simptom terhadap punca kematian tersebut? <i>What is the symptom?</i></p> <p>c. Menurut si mati, berapa lama beliau telah mengalami simptom tersebut sebelum menemui anda? <i>According to the deceased, how long had he/she been experiencing these symptoms before seeing you?</i></p> <p>d. Pada pendapat anda, berapa lamakah simptom tersebut telah wujud? <i>How long do you feel the symptom had lasted?</i></p>	

6. a. Adakah si mati menderita daripada penyakit-penyakit lain.
Did the deceased suffer from any other illness.

b. Jika ya, sila nyatakan penyakit-penyakit tersebut dan sejak bila.
If yes, please state the illness and duration of illness.

c. Adakah sebarang penyiasatan, ujian atau prosedur dijalankan?
Jika ya, sila nyatakan maklumat lanjut atau salinan keputusan ujian asal yang disahkan.
Have any investigation, test or procedures been performed? If yes, please furnish us the details or certified true copy of the result.

7. Berapa lamakah si mati berada di rumah atau terhalang daripada bekerja sebelum kematiannya?
For how long was deceased confined to the house or prevented from attending to his/her business?

8. a. Adakah sebab-sebab tertentu berlakunya kematian, samada secara langsung atau tidak diakibatkan oleh amalan, pekerjaan atau kediaman si mati? Jika ya, sila terangkan.
Was there any special cause, directly or indirectly, for the death in the habits, occupation or residence of the deceased? If yes, please specify.

b. Adakah kematian ini ada kaitan dengan penyakit HIV, AIDS, bunuh diri atau yang berkaitan dengannya?
Is the cause of death was due to HIV, AIDS, suicide or related disease?

c. Jika ya, apakah punca asal mendapat penyakit tersebut?
(e.g. blood transfusion, STD, etc.)
If yes, what is the cause of the disease? (e.g. blood transfusion, STD, etc.)

Ya / Yes Tidak / No

9. Adakah si mati menggunakan alkohol atau narkotik?
Did the deceased consume alcohol or narcotic?

10. Sila beri nama dan alamat semua pakar dan pengamal perubatan di mana di dalam pengetahuan anda telah merawat si mati dalam masa tiga tahun lalu.
Give names and addresses of all physicians and other practitioners who to your knowledge have attended the deceased during the past three years.

Nama / Name	Alamat / Address	Tarikh / Date

11. Jika helaian borang ini tidak mencukupi, sila tulis di lampiran lain dan hantarkan bersama borang ini.
If the form is not enough to write all information, please add paper and submit together.

C. MAKLUMAT PEGAWAI PERUBATAN / PHYSICIAN DETAILS

1. a. Berapa lamakah anda telah bekerja sebagai pakar perubatan?
How long have you practiced as a physician?

b. Dimanakah anda menerima pengajian perubatan dan bila?
Where did you received your medical education and when?

D. PENGAKUAN / DECLARATION

Saya, penandatangan di bawah, di sini mengaku bahawa saya adalah doktor yang mengendalikan sakit terakhir Tuan / Puan / Cik _____ yang dilindungi oleh Takaful Ikhlas Berhad di bawah No. Sijil _____ dan setiap keterangan-keterangan yang diberikan adalah benar di dalam pengetahuan dan kepercayaan saya.

I, the undersigned, hereby declare that I was the doctor in attendance during the last illness of Mr / Mrs / Miss _____ who was insured with Takaful Ikhlas Berhad under the Certificate No. _____ and those of the foregoing answers are true to the best of my knowledge and belief.

Tandatangan Pegawai Perubatan
Signature Medical Officer

Cop Rasmi Hospital
Hospital Official Stamp

Nama doktor / Name of doctor _____

Kelulusan / Qualification _____

Tarikh / Date _____