



MAA Takaful Berhad, Menara MAA, 17th Floor, No. 12, Jalan Dewan Bahasa, 50460 Kuala Lumpur
Tel : 03-21468000 Fax : 03-21430033 Call Centre: 1300-888-MAA/622, 03-2146 9999

BUKTI KEMATIAN DIKEMUKAKAN KEPADA
PROOF OF DEATH SUBMITTED TO

NO. 2 KENYATAAN PAKAR PERUBATAN
NO. 2 PHYSICIAN'S STATEMENT

1. (a) Nama penuh si mati _____
Deceased's name in full
- (b) Tempat tinggal pada masa kematian _____
Residence at time of death
- (c) Pekerjaan _____
Occupation
2. Berapa lamakah anda telah mengenali si mati ? _____
How long have you known the deceased?
3. Berapa lamakah anda telah menjadi perunding atau penasihat perubatan si mati? _____
How long have you been the medical attendant or adviser of the deceased?
4. (a) Adakah anda merawat si mati semasa penyakit terakhir beliau? _____
Did you attend to the deceased during his last illness?
- (b) Jika ya, untuk penyakit apa? _____
If so, for what disease?
5. (a) Tarikh rawatan pertama anda _____
Date of your first visit
- (b) Tarikh rawatan terakhir anda _____
Date of your last visit
6. (a) Tempat kematian _____
Place of death
- (b) Tarikh kematian _____
Date of death
7. (a) Apakah punca langsung kematian? _____
What was the immediate cause of death?
- (b) Berapa lamakah, pada pandangan anda, si mati mengalami penyakit ini? _____
How long, in your opinion, did the deceased suffer from this disease?
8. (a) Apakah penyakit penting lain, jika ada, yang dialami oleh si mati? _____
From what other important disease, if any, did the deceased suffer?
- (b) Nyatakan, dengan setepat mungkin, tempoh setiap penyakit _____
State, as accurately as possible, the duration of each disease
9. Selama berapa lamakah si mati terlantar di rumah, atau dilarang dari mengurus hal rasmi?
For how long was the deceased confined to the house, or prevented from attending to business?
10. Adakah terdapat sebarang sebab khas, langsung atau tidak langsung, dalam tabiat, pekerjaan, atau tempat tinggal si mati?
Was there any special cause, direct or indirect, for the death in the habits, occupation, or residence of the deceased?
11. (a) Adakah si mati menggunakan alkohol atau narkotik? _____
Did the deceased use alcohol or narcotics?
- (b) Jika ada, adakah ia merupakan penyebab kepada penyakit yang mengancam nyawa beliau ? _____
If so, did they contribute to the fatal disease?



12. Sila berikan nama dan alamat, semua pakar perubatan lain, yang pada pengetahuan anda, merawat si mati dalam masa tiga tahun kebelakangan ini.
Give names and addresses, of all other physicians and other practitioners whom, to your knowledge, attended to the deceased during the past three years.

Nama Name	Alamat Address	Penyakit atau Kelemahan dan Tarikh Disease or Impairment and Date

13. (a) Berapakah umur si mati? _____
What was the age of the deceased?

(b) Ketinggian _____ kaki _____ inci
Height ft _____ inches

(c) Berat _____ paun _____ lbs
Weight

(d) Warna rambut _____
Colour of hair

(e) Warna mata _____
Colour of eyes

(f) Nyatakan sebarang tanda lahir, parut, atau tanda pengenalan lain pada tubuh si mati _____
Describe any birth marks, scars or other marks of identification on deceased's body

14. Kenyataan Tambahan _____
Additional Remarks

15. (a) Sudah berapa lamakah anda bertugas sebagai pakar perubatan? _____
How long have you practised as a physician?

(b) Di manakah anda menerima pendidikan perubatan anda, dan bila? _____
Where did you receive your medical education, and when?

Saya, yang bertandatangan di bawah, dengan ini mengesahkan bahawa saya merupakan doktor yang merawat ketika penyakit terakhir _____, yang dilindungi dengan MAA TAKAFUL BERHAD di bawah No. Sijil _____ dan setiap jawapan di atas adalah benar pada pengetahuan dan kepercayaan terbaik saya.

I, the undersigned, hereby declare that I was the doctor in attendance during the last illness of _____ who was covered with MAA TAKAFUL BERHAD under Certificate No. _____ and that each of the foregoing answers are true to the best of my knowledge and belief.

Bertarikh pada _____ di _____ haribulan _____ 20 _____
Dated at *this* *day of*

TANDATANGAN PAKAR PERUBATAN _____ Cop Rasmi Hospital _____
PHYSICIAN'S SIGNATURE *Hospital Official Stamp*

NAMA PENUH _____
FULL NAME _____

KELAYAKAN _____ NO. K/P _____
QUALIFICATION _____ I/C NO. _____

ALAMAT _____
ADDRESS _____

Sekiranya terdapat kekeliruan, kekaburuan dan konflik dalam pentafsiran mana-mana terma atau syarat kontrak ini, versi Bahasa Inggeris adalah terpakai dan mengatasi versi Bahasa Malaysia.
In the event of discrepancy, ambiguity and conflict in interpreting any term or condition of the contract, the English version shall prevail and supersede the Bahasa Malaysia version.