

861591-U

Tone Excel

TONE EXCEL INTERNATIONAL SDN BHD
(Formerly known as Tone Excel Sdn Bhd)

821189-A

TONE PLUS

TONE PLUS SDN BHD

1225327-U

TONE WOW

TONE WOW SDN BHD

CLAIM FORM

INSTRUCTIONS: -

1. The Application Form must be completed in writing by the Applicant. An incomplete application Form will not be considered.
2. Please submit the completed Application Form to: -
TONE HQ
B-G-1, Jalan 3/149E, Taman Sri Endah,
Bangunan Endah Promenade,
Bandar Baru Sri Petaling, 57000 Sri Petaling,
Kuala Lumpur.
3. The Applicant must attach the following documents: -
 - I. Copy of Death certificate (with certified)
 - II. IC or Passport copy of deceased (with certified)
 - III. IC or Passport copy of beneficiary (with certified)
 - IV. A copy of police report (if available)
 - V. Proof of Beneficiary Bank Account Details
 - VI. Copy of Relationship proof (Marriage certificate (if married) if not, please provide birth certificate, etc).

Detail of Deceased

Name : _____

NRIC /Passport No : _____ Member ID : _____

Cause of death : _____ Place of death : _____

Detail of Beneficiary

Name : _____

NRIC /Passport No : _____ Age: _____ Relationship: _____

Bank : _____ Bank account number: _____

Contact No : _____

Declaration

I, (Name) _____ (I/C or passport No) _____ certify that the foregoing information are true and correct and the attached documents are authentic. I also declared agreed and accepted the offered amount on behalf of the deceased and shall not make any further claims in future.

Witness by,

Name:
NRIC/Passport No:

Name:
NRIC/Passport No :

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For TONE Office use only:

No	Document Submitted	Yes	No
1	Duly filled & Sign Claim form		
2	Copy of death certificate (with certified)		
3	IC or Passport copy of deceased (with certified)		
4	IC or Passport copy of beneficiary (with certified)		
5	A copy of police report (if available)		
6	Proof of Beneficiary Bank Account Details		
7	Date Join as Member		
8	Relationship proof		
9	Date of Death		
10	Request Received date		
11	TONE WOW Lindung LIFE Insurance		
12	PA Takaful		

Received by,

Name:

Date: