

# Guide for Claims eSubmission via myPortal (Digital Form)

18 December 2020



## Step 1

Click on **Claims eSubmission** tab and choose **Submit Claim**.


The screenshot shows the FWD myPortal website interface. At the top left is the FWD logo. A horizontal navigation menu contains the following items: Home, MY Certificate, Personal Info, Forms, FAQ, Guide, Contact Us, Certificate eService, Claims eSubmission (highlighted in orange), and Change Password. Below the navigation menu, there are two links: Submit Claim and Track Claim Status. The main content area features a large 'Welcome' heading on the left, followed by a photograph of a family (a woman, a young boy, and a man) smiling and preparing food at a table. To the right of the photo is a personalized welcome message addressed to 'TEST A', signed by Salim Majid Zain, Chief Executive Officer of FWD Takaful Berhad.

**FWD**

Home MY Certificate Personal Info Forms FAQ Guide Contact Us Certificate eService **Claims eSubmission** Change Password

Submit Claim  
Track Claim Status

## Welcome



Dear TEST A ,


Firstly, I'd like to officially welcome you as a customer of FWD Takaful Berhad ("FWD Takaful").

Welcome to our new online customer portal where you can access all your takaful certificates and relevant information. We've specifically designed this portal with your needs in mind and we hope you find it convenient and easy to use.

At FWD, we pride ourselves in having a customer-centric approach that has helped drive our success so far and we look forward to embracing this new opportunity to introduce our vision here in Malaysia. We're also passionate about meeting the needs of our customers and moving forward we plan to innovate and enhance our services and range of products.

We're excited to be embarking on this new and promising chapter in Malaysia with you and once again, welcome to FWD Takaful.

With warmest regards,

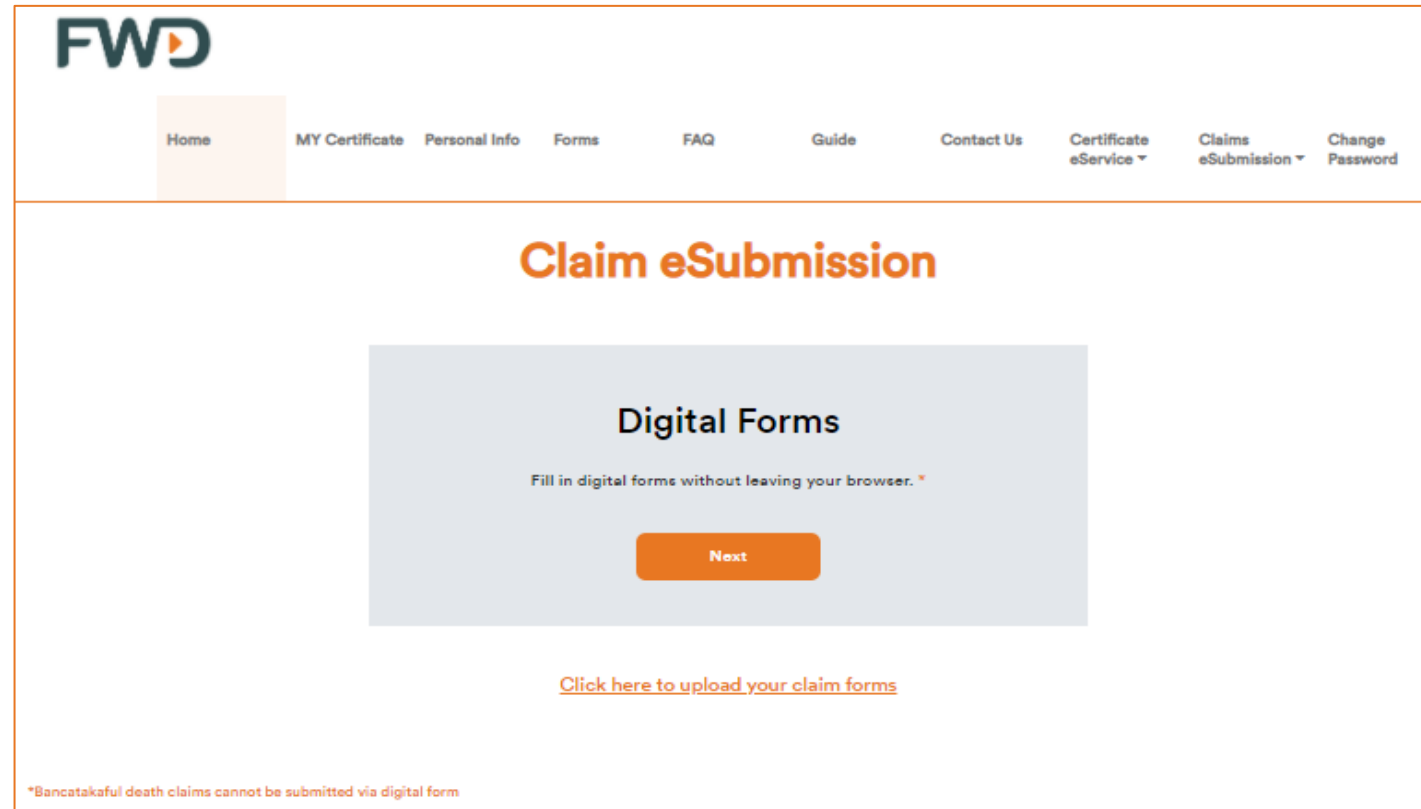


**Salim Majid Zain**  
Chief Executive Officer  
FWD Takaful Berhad

### Step 2

Click **Next** if you would like to fill in Digital Forms. Otherwise, you may choose [click here to upload your claim form](#) if you have hardcopy form.

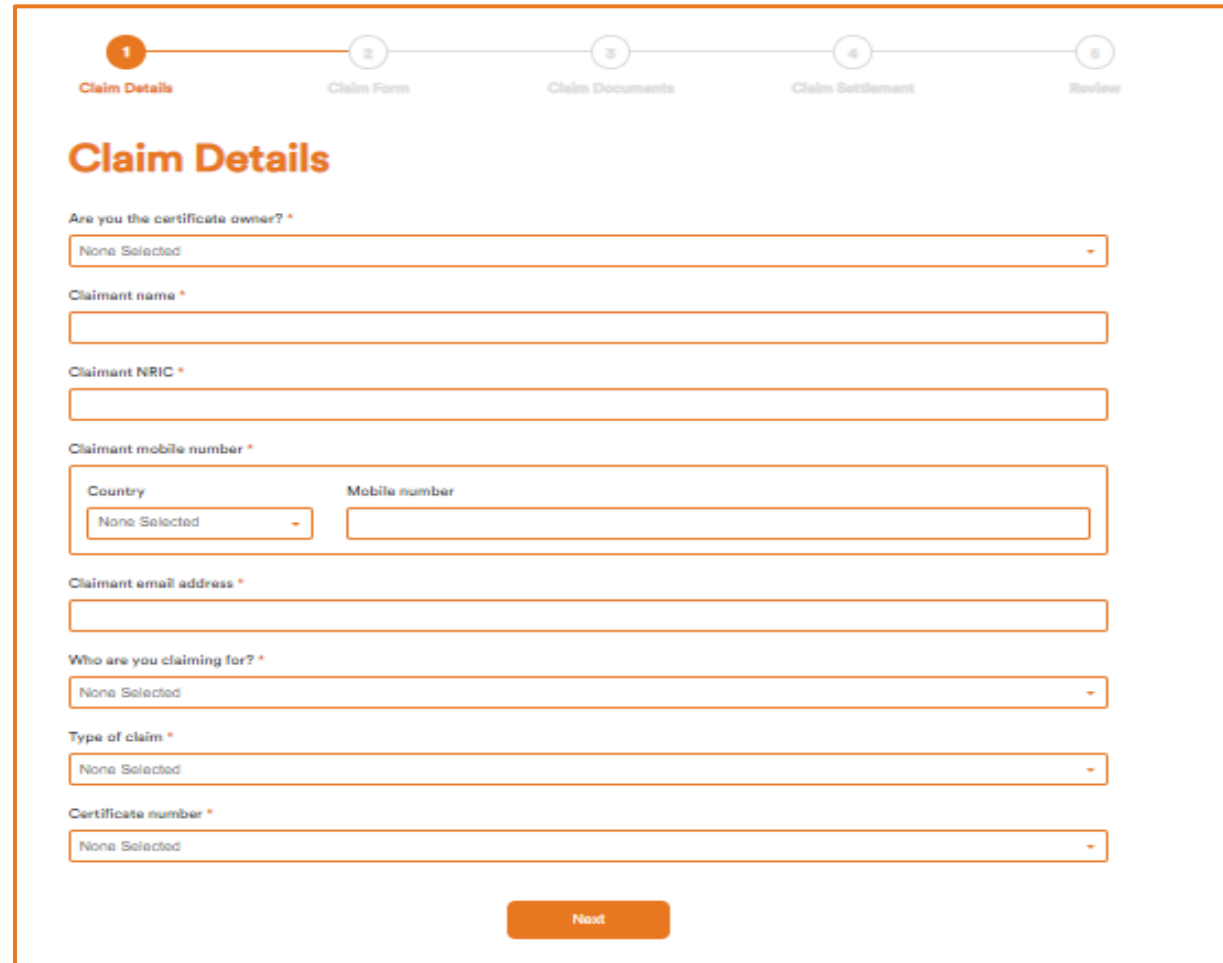
**\*BancaTakaful death claims cannot be submitted via digital form**



The screenshot shows the 'Claim eSubmission' page on the FWD takaful myPortal. The navigation menu includes 'Home', 'MY Certificate', 'Personal Info', 'Forms', 'FAQ', 'Guide', 'Contact Us', 'Certificate eService', 'Claims eSubmission', and 'Change Password'. The main content area is titled 'Claim eSubmission' and contains a 'Digital Forms' section with the text 'Fill in digital forms without leaving your browser.' and a 'Next' button. Below this is a link: 'Click here to upload your claim forms'. A footer note states: '\*Bancatakaful death claims cannot be submitted via digital form'.

### Step 3

Please fill in Claim Details accordingly and click **Next** once completed. Questions with \* are mandatory.



The screenshot displays the 'Claim Details' step of a five-step process. The steps are: 1. Claim Details (active), 2. Claim Form, 3. Claim Documents, 4. Claim Settlement, and 5. Review. The 'Claim Details' section includes the following fields:

- Are you the certificate owner? \* (Dropdown menu: None Selected)
- Claimant name \* (Text input field)
- Claimant NRIC \* (Text input field)
- Claimant mobile number \* (Form with sub-fields: Country (Dropdown menu: None Selected) and Mobile number (Text input field))
- Claimant email address \* (Text input field)
- Who are you claiming for? \* (Dropdown menu: None Selected)
- Type of claim \* (Dropdown menu: None Selected)
- Certificate number \* (Dropdown menu: None Selected)

A 'Next' button is located at the bottom center of the form.

## Step 4

Check details of the Person Covered and you may edit it if the information is inaccurate.

## Step 5

Fill in Details of Claim and Related Information. Questions with \* are mandatory.

### Death Claim Form

#### Details of the Deceased

Full name of the Deceased \*

ILP all rider

NRIC No. of the Deceased \*

890704010407

Last correspondence address of the Deceased \*

Level 29, Menara bts, Kuala Lumpur, Kuala Lumpur

Date of Birth of the Deceased \*

1989-07-04

Gender of the Deceased \*

Male

Age of the Deceased \*

31

Date of Death of the Deceased \*

Invalid date

Place of Death of the Deceased \*

Cause of Death of the Deceased \*

Occupation of the Deceased at time of death \*

### Details of Claim and Related Information

When did the Deceased first complain of, or give indication of, his / her last illness?

When did the Deceased first consult a Physician for his / her last illness?

Please state below the name(s) and address(es) of each physician who attended the Deceased during his / her last illness and for the past three(3) years prior to their death  
(If there is additional information, please include it in "Other supporting document" in the next page)

Physician 1

Name of Physician

Address of Physician

Date of Treatment

Invalid date

Diagnosis

Physician 2

Name of Physician

Address of Physician

### Step 6

Click **Next** once all mandatory information is completed.

### Declaration relating to Automatic Exchange of Financial Account Information

1. I/We acknowledge that pursuant to the legal provisions for exchange of financial account information under the Inland Revenue Board of Malaysia, the Takaful Operator and/or its affiliates are required to collect information concerning my/our tax residency\* and, if applicable, to furnish such information to the Inland Revenue Board of Malaysia.

2. I/We declare that my/our answers to the questions below are true and accurate:

**For INDIVIDUAL Applicant Only**

**Are you a tax resident\* in other jurisdiction(s) (except Malaysia and U.S.)? \***

(If "YES", please provide the Takaful Operator with a completed "Self-Certification Form for Individual" in "Other supporting document" in the next page)

No

**For ENTITY Applicant Only**

All entity applicants are required to fill in and return the "Self-Certification Form for Entity", and if applicable, the "Self-Certification Form for Controlling Person" as well (Please refer to Part 3 of the "Self-Certification Form for Entity" to see if it is necessary to submit the "Self-Certification for Controlling Person")

\*An individual or entity may be a tax resident of more than one jurisdiction. If you have any questions about your tax residency in any jurisdiction(s), please consult your tax advisors.

3. I/We agree to notify the Takaful Operator in writing within 30 days if there is any change of the above information provided to the Takaful Operator, whether at the time of application or at any other times, in particular, my/our nationality/place of incorporation, tax status or tax residency changes or if I/we become a tax resident in other countries. If any of these changes occurs or if any other information comes to light concerning such changes, the Takaful Operator may need to request certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarised) declarations or forms, which I/we agree to provide to the Takaful Operator.

Next

### Step 7

Upload claim documents accordingly in pdf format. Individual file size limit to 10MB. Multiple files upload is acceptable in each section. Documents with \* are mandatory. Click **Next** to continue.

### Claim Documents

Please upload the following documents in PDF format\*\*:

|                                                             |                                           |
|-------------------------------------------------------------|-------------------------------------------|
| Death Certificate *                                         | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |
| Burial Certificate (Death only) *                           | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |
| Covered Person / Participant and Claimant's NRIC *          | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |
| Proof of relationship *                                     | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |
| Police Reports *                                            | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |
| Detailed Post-mortem report *                               | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |
| Toxicology report, if any *                                 | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |
| Newspaper Cutting, if any *                                 | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |
| 1st page of bank passbook or bank statement *               | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |
| Confirmation letter from National Registration Department * | <input type="text" value="upload files"/> |
|                                                             | No document selected.                     |

\* Mandatory fields

\*\* Individual file size limit to 10MB

\*\* Multiple files upload is acceptable

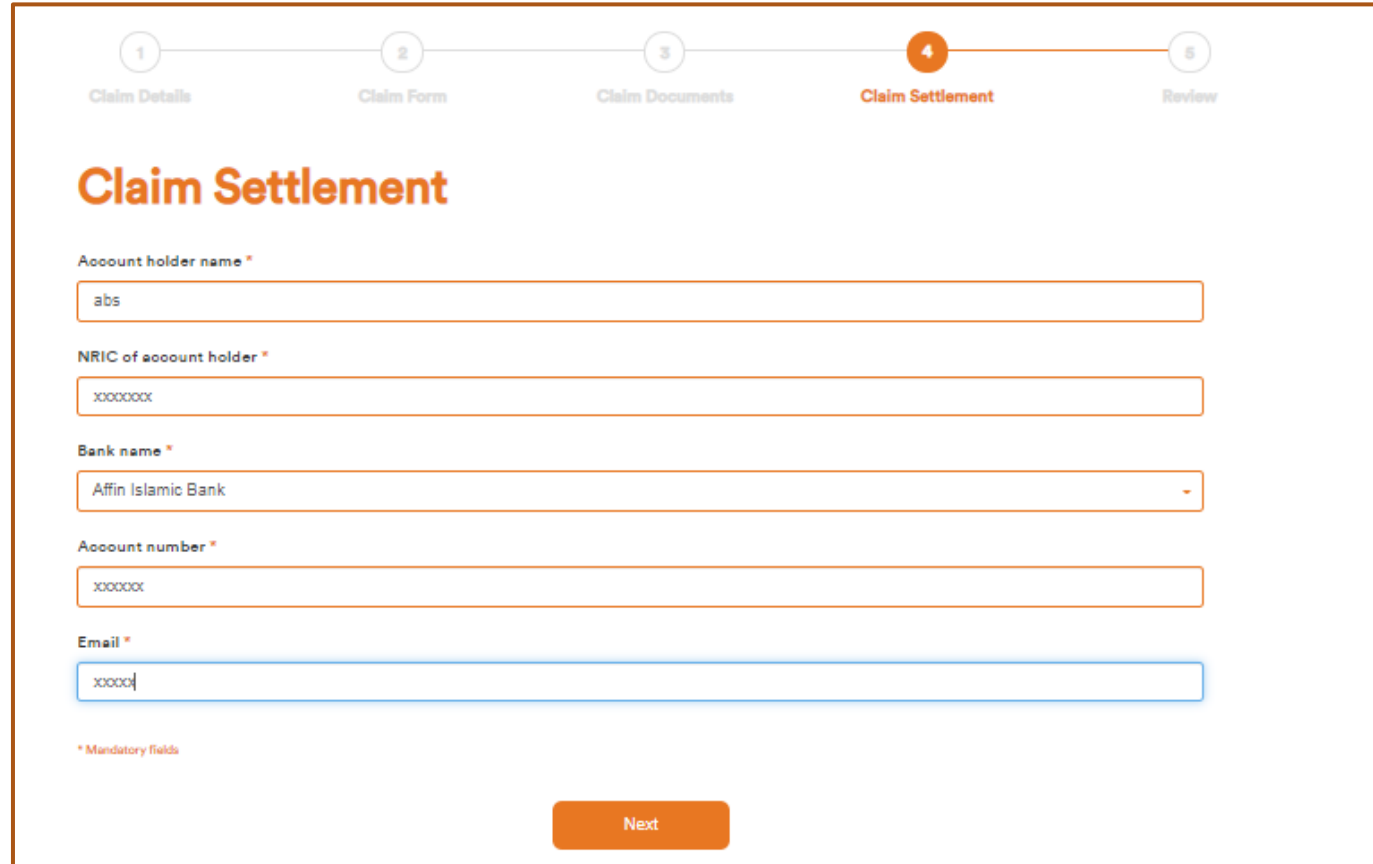
#### Important notes:

1. Please ensure that the email and phone number provided is similar as per the details in your Personal Info tab. You can update it by clicking the Certificate eService tab.
2. Copy of documents MUST be duly certified by authorised parties, i.e. FWD Takaful Berhad's Executive/Manager or Public Notary or Advocate & Solicitor or Commissioner of Oath or Justice of Peace or Ketua Balai Polis or District Officer or Medical Officer or Public Official.
3. In addition, for claims incurred outside Malaysia, the confirmation of claim event and all other related documents issued by the Foreign Authority must be certified by Malaysian Embassy or Public Notary at the incident country. If you have returned to Malaysia, the documents can be certified by relevant country's Embassy in Malaysia.
4. If any of the above documents/information are not readily available, please explain in writing and submit it to us. Please do attach as a document in the relevant section of the document which are not available.
5. This list is not exhaustive. We may request further document(s) for the purpose of this claim.

Next

Step 8

Fill in your bank details required for claim settlement.  
Click **Next** to continue.



The screenshot shows a digital form titled "Claim Settlement" within a five-step process. The steps are: 1. Claim Details, 2. Claim Form, 3. Claim Documents, 4. Claim Settlement (highlighted), and 5. Review. The form contains the following fields:

- Account holder name \***: Input field with "abs".
- NRIC of account holder \***: Input field with "xxxxxxxx".
- Bank name \***: Dropdown menu with "Affin Islamic Bank".
- Account number \***: Input field with "xxxxxxxx".
- Email \***: Input field with "xxxxx".

A note at the bottom left states: "\* Mandatory fields". A "Next" button is located at the bottom center.



### Step 9

Click **Retrieve OTP code** to receive OTP code as your e-Signature.

Fill in witness details as required.  
Witness can be any 3<sup>rd</sup> party person.

### Step 10

Click all checkboxes when you confirm all details provided are correct and you have read and agree to the **Claimant's declaration** and **Notice Relating to Personal Data and Protection Act**.  
Click **Submit** when all complete.

#### By submitting this eClaim form, I understand that:

1. My application will not take effect until it is accepted and notified to me by FWD Takaful Berhad.
2. All information and particulars entered in this transaction are accurate, correct, true and not misleading.
3. Any changes or updates through this transaction will be treated as updated information and particulars for the Certificate Owner's relevant takaful certificate(s).
4. To keep FWD Takaful Berhad harmless and fully and effectively indemnified against any actions, claims, costs (including but not limited to any and all legal costs on solicitor and client basis), demands, detriment, expenses, fines, liabilities, loss and damage, penalties and proceedings that FWD Takaful Berhad may incur or suffer arising from or incidental to any act, breach, deed, negligent or omission of the Certificate Owner in relation to the transaction.
5. FWD Takaful Berhad reserves the right to change any part of the terms and conditions of this transaction, following our notice served thirty (30) days in advance in MyPortal.

Claimant name

iLP all rider

Witness name \*

Claimant NRIC

dasdas

Witness NRIC \*

Claimant mobile number \*

Country

Malaysia

Mobile number

+80 18 975 7690

Witness mobile number \*

Country

None Selected

Mobile number

Claimant e-Signature \*

-

Retrieve OTP code

Witness e-Signature \*

-

Retrieve OTP code

Signed at \*

None Selected

Signed at \*

None Selected

- I confirm the details above are accurate
- I have read and agree to the [Claimant's Declaration](#).
- I have read and agree to the [Notice Relating to Personal Data Protection Act](#).

Submit

## Guide for Claims eSubmission via myPortal (Digital Form)

### Step 11

The system will prompt this message upon successful submission

Thank you for your submission.  
We shall reach you within 48 hours via email or letter if there's any additional document required.

### Step 12

You'll receive a notification at the email address provided in claim details. Our Claims Department will contact you within 48 hours if any additional documents are required.

Dear Sir/Madam,

Thank you for submitting your claim.

We'll contact you within 48 hours on business day if we require any additional document.

You can follow up on your claim status [here](#).

Should you require further clarification, please contact our customer care representative via the following:



**Email us**  
contact.my@fwd.com



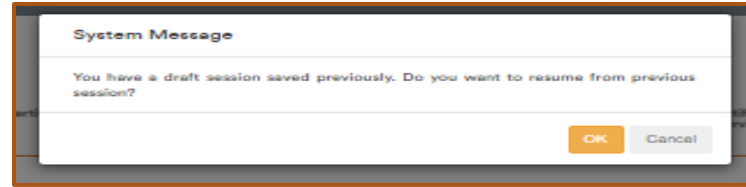
**Call us**  
Malaysia Hotline 1300 13 7988  
International Calls 603 2771 7771  
Mon - Fri 9am - 6pm  
Exclude Weekend and Public Holidays



**Ask us**  
Take a look at our FAQs.  
You may well find we've already answered your question.

Step 13

The session is saved automatically. You may choose to resume if you have quit from previous session. Otherwise you can click **Track Claim Status** under **Claims eSubmission** tab to resume draft.



Step 14

To view the completed claim submitted, click **Track Claim Status** under **Claims eSubmission** tab. You can also view & download the completed digital form under the action box.





**Thank you.**

**Celebrate living**  
[fwd.com.my](http://fwd.com.my)