

MBCS BENEVOLENT FUND SPONSORSHIP & CLAIM FORM

Your claim will only be considered if the details have been completed in full.

The following checklist of documents must be included when submitting this form:



- > Original and copies of IC of both the deceased and the claimant/sponsor/caretaker to be handed to MBCS (VERY IMPORTANT)
- > A will, estate account, life insurance policy (IF ANY WHEN CLAIMANT STILL ALIVE)
- > Original/printed funeral service invoice/quotation (IF ANY WHEN CLAIMANT STILL ALIVE)
- > Proof of the banking details of the caretaker (in case of payment made first for reimbursement later)
- > A certified copy of the printed death certificate (UPON DEATH)
- > A fully completed Death Claim Form by Police (UPON DEATH)

Return the completed form and the above documents to mbcorg@gmail.com or pass to Linda (M: 012-6310719).

Caretaker Details

File no.	<input type="text"/>	IC no.	<input type="text"/>
Name	<input type="text"/>		
Tel.	<input type="text"/>	Mobile	<input type="text"/>
E-mail	<input type="text"/>		
Address	<input type="text"/>		
Bank details	<input type="text"/>		

Sponsor Details

Full name	<input type="text"/>		
IC no.	<input type="text"/>		
Mobile	<input type="text"/>		
Tel.	<input type="text"/>	E-mail	<input type="text"/>
Residential address	<input type="text"/>		
Sponsored amount (and Receipt No)	<input type="text"/>		

Claimant Details

Full name	<input type="text"/>		
IC no.	<input type="text"/>		
Mobile	<input type="text"/>	E-mail	<input type="text"/>
Tel.	<input type="text"/>	Contact lists upon death:	YES / NO

If claimant has any of the below coverage:

Will policy no.	<input type="text"/>
Life insurance policy no.	<input type="text"/>
Funeral insurance quote/invoice no.	<input type="text"/>

Sponsors can sponsor or bank in to the below account details:

Bank Name: Public Bank
Account Name: KOPERASI BUDDHISME MALAYSIA BERHAD
Account Number: 3200197528

Details of the death

Date of death

Time of death

Name, address and contact no. of hospital/place of death

Provide full details of the cause of death

Date of funeral

Burial/cremation place

Details for Death Certificate Issuance

Name, address and contact number of funeral parlour

Name of police station where death was reported

Police case number (where applicable)

Name of the investigating officer and contact no.

Name, address and contact no. of medical attendant who certified the death (if any)

Declaration by Caretaker

I declare that the statements above are true and complete. In the event that this claim or any supporting documentation is found to be fraudulent, Malaysian Buddhist Cooperative Society (MBCS.org.my) reserves the right to proceed with the appropriate action against me.

I, further authorise any medical attendant or any other person who has attended to the life insured, or any hospital or other institution which has medical information about the life insured, to disclose this information to Malaysian Buddhist Cooperative Society (MBCS).

Caretaker Signature & Name

Date

Office Use:

Verified by
(name & number):

Filed by
(name & number):

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Bank Name: Public Bank

Account Name: KOPERASI BUDDHISME MALAYSIA BERHAD

Account Number: 3200197528