

Date:

AmMetLife Insurance Berhad (197301002252)
Level 24, Menara 1 Sentrum
No. 201, Jalan Tun Sambanthan
50470 Kuala Lumpur.

Dear sir / madam,

LETTER OF DECLARATION OF NOT CLAIMING FROM OTHER INSURER

Patient name : _____

Patient NRIC : _____

Admission date : _____

I, _____ (**claimant**), NRIC no. _____,

hereby declare that I did not make any claim from other insurer, and I shall reimburse any payable amounts to **AmMetLife Insurance**

Berhad should the claims had been covered by other insurer.

Thank you.

...(Signature of Claimant)...

Name:

NRIC:

Date:

**** Please retain original copy of the claims document for 12 months for audit purpose.** Should you require any further clarification, please do not hesitate to contact our **customer care at +603 2271 8000**.