

CLAIM NO: \_\_\_\_\_

**STATUTORY DECLARATION**

I/We, \_\_\_\_\_ and \_\_\_\_\_ (NRIC NO. / PASSPORT NO.: \_\_\_\_\_ and \_\_\_\_\_) is/are the lawful son / daughter of \_\_\_\_\_ (NRIC NO.: \_\_\_\_\_) (hereinafter referred to as "the said Deceased") do hereby solemnly affirm and declare as follows:-

1. I/We am/are Malaysian citizen / Non-Malaysian, of full age, sound mind and have the legal capacity and competence to make this declaration. A copy of the Identity Card (NRIC) / Passport No. is annexed hereto and marked as **Exhibit "A"**.
2. As the lawful son / daughter of the said Deceased, a copy of the Birth of Certificate is annexed hereto and marked as **Exhibit "B"**.
3. The said Deceased died on \_\_\_\_\_. A copy of the Death of Certificate is annexed hereto and marked as **Exhibit "C"**.
4. The said Deceased did not execute a Last Will and Testament before his/her death and/or nominate any person as his/her beneficiary.
5. As at todote I/we has/have not applied and/or extracted the Grant of Letters of Administration and/or Grant of Probate of the said Deceased. To the best of my/our knowledge and/or belief that there no other person and/or party have applied for the same.
6. The said Deceased, did not at any time nominate and/or made any nomination to be his/her beneficiary under the abovementioned Personal Accident Policy.
7. I/We are the lawful person/persons who are entitle by law to be named as the Administrator/Executor/Executrix of the Estate of the said Deceased.
8. I/We am/are the only lawful beneficiary/beneficiaries of the Estate of the said Deceased. To the best of my/our knowledge there are absolutely no other beneficiary/beneficiaries under the Estate of the said Deceased.
9. Upon receipt of the insurance claim proceeds under the abovementioned insurance policy, I/We undertake to distribute the monies that we receive according to the Distribution Act.

CLAIM NO: \_\_\_\_\_

- 10. Upon receipt of the said insurance monies/proceeds under the abovementioned policy from AmGeneral Insurance Berhad, I/We unconditionally discharge AmGeneral Insurance Berhad of all claims and liabilities under the said Insurer policy. The acceptance of the said insurance death proceeds shall received by me/us shall be the full and final settlement of the said Policy. I/We and/or the said Deceased Estate shall have no further claim whatsoever against AmGeneral Insurance Berhad.
  
- 11. Upon receipt of the said insurance proceeds under the abovementioned policy (Policy No.: \_\_\_\_\_) from AmGeneral Insurance Berhad, I/We hereby agree and undertake to hold AmGeneral Insurance Berhad fully and completely indemnified against all actions, suits, proceedings, costs, losses and expenses whatsoever which may be taken or made against AmGeneral Insurance Berhad or incurred or become payable by AmGeneral Insurance Berhad on demand and in full such sums as you may be liable to pay, together with interest at 8% per annum from the date of payment by AmGeneral Insurance Berhad until the date of payment by me/us under this indemnity in the event of AmGeneral Insurance Berhad being called upon to make payment thereafter under the abovementioned Personal Accident Policy to any person or persons lawfully claiming under the same.

And I/we make this solemn declaration believing the same to be true and by virtue of the provisions of the Statutory Declaration Act, 1960.

SUBSCRIBED AND SOLEMNLY declared by \_\_\_\_\_ )  
 )  
 (NRIC NO. / PASSPORT NO.: \_\_\_\_\_ )  
 in this \_\_\_\_\_ )

SUBSCRIBED AND SOLEMNLY declared by \_\_\_\_\_ )  
 )  
 (NRIC NO. / PASSPORT NO.: \_\_\_\_\_ )  
 in this \_\_\_\_\_ )

Before me,

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**COMMISSIONER FOR OATHS**