



**BUKTI KEMATIAN DIKEMUKAKAN KEPADA**  
**PROOF OF DEATH SUBMITTED TO**

**NO.2 KENYATAAN PAKAR PERUBATAN**  
**NO.2 PHYSICIAN'S STATEMENT**

1. (a) Nama penuh si mati  
Deceased's name in full \_\_\_\_\_
- (b) Tempat tinggal pada masa kematian  
Residence at time of death \_\_\_\_\_
- (c) Pekerjaan  
Occupation \_\_\_\_\_
2. Berapa lamakah anda telah mengenali si mati?  
How long have you known the deceased? \_\_\_\_\_
3. Berapa lamakah anda telah menjadi perunding atau penasihat perubatan si mati?  
How long have you been the medical attendant or adviser of the deceased? \_\_\_\_\_
4. (a) Adakah anda merawat si mati semasa penyakit terakhir beliau?  
Did you attend to the deceased during his last illness? \_\_\_\_\_
- (b) Jika ya, untuk penyakit apa?  
If so, for what disease? \_\_\_\_\_
5. (a) Tarikh rawatan pertama anda  
Date of your first visit \_\_\_\_\_
- (b) Tarikh rawatan terakhir anda  
Date of your last visit \_\_\_\_\_
6. (a) Tempat kematian  
Place of death \_\_\_\_\_
- (b) Tarikh kematian  
Date of death \_\_\_\_\_
7. (a) Apakah punca langsung kematian  
What was the immediate cause of death? \_\_\_\_\_
- (b) Berapa lamakah, pada pandangan anda, si mati mengalami penyakit ini?  
How long, in your opinion, did the deceased suffer from this disease? \_\_\_\_\_
8. (a) Adakah penyakit penting lain, jika ada, yang dialami oleh si mati?  
From what other important disease, if any, did the deceased suffer? \_\_\_\_\_
- (b) Nyatakan, dengan setepat mungkin, tempoh setiap penyakit  
State, as accurate as possible, the duration of each disease \_\_\_\_\_
9. Selama manakah si mati terlantar di rumah, atau dilarang dari menguruskan hal rasmi?  
For how long was the deceased confined to the house, or prevented from attending to business? \_\_\_\_\_
10. Adakah terdapat sebarang sebab khas, langsung atau tidak langsung, dalam tabiat, pekerjaan, atau tempat tinggal di mati?  
Was there any special cause, direct or indirect, for the death in the habits, occupation or residence of the deceased? \_\_\_\_\_
11. (a) Adakah si mati menggunakan alcohol atau narkotik?  
Did the deceased use alcohol or narcotics? \_\_\_\_\_
- (b) Jika ada, adakah ia merupakan penyebab kepada penyakit yang mengancam nyawa beliau?  
If so, did they contribute to the fatal disease? \_\_\_\_\_
12. Sila berikan nama dan alamat, semua pakar perubatan lain yang pada pengetahuan anda, merawat si mati dalam masa tiga tahun kebelakangan ini.  
Give names and addresses of all other physicians and other practitioner whom to your knowledge attended to the deceased during the past three years.

Nama / Name	Alamat / Address	Penyakit atau Kelemahan dan Tarikh Disease or Impairment and Date

13. (a) Berapakah umur si mati?  
What was the age of the deceased? \_\_\_\_\_
- (b) Ketinggian \_\_\_\_\_ kaki Ft \_\_\_\_\_ inci inches Berat Weight \_\_\_\_\_ paun lbs
- (c) Warna rambut \_\_\_\_\_ Warna mata Colour of eyes \_\_\_\_\_  
Colour of hair \_\_\_\_\_ Colour of eyes \_\_\_\_\_
- (d) Nyatakan sebarang tanda lahir, parut atau tanda pengenalan pada tubuh si mati  
Describe any birth marks, scars or other marks of identification on deceased's body
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14. Kenyataan tambahan  
Additional Remarks
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15. (a) Sudah berapa lamakah anda bertugas sebagai pakar perubatan?  
How long have you practised as a physician? \_\_\_\_\_
- (b) Di manakah anda menerima pendidikan perubatan anda dan bila?  
Where and when did you receive your medical education? \_\_\_\_\_

Saya, yang bertandatangan di bawah, dengan ini mengesahkan bahawa saya merupakan doctor yang merawat ketika penyakit terakhir \_\_\_\_\_ yang dilindungi dengan ZURICH TAKAFUL MALAYSIA BERHAD dibawah no. Sijil \_\_\_\_\_ dan setiap jawapan di atas adalah benar pada pengetahuan dan kepercayaan terbaik saya.

I, the undersigned, hereby declare that I was the doctor in attendance during the last illness of \_\_\_\_\_ who was covered with ZURICH TAKAFUL MALAYSIA BERHAD under Certificate No. \_\_\_\_\_ and that each of the foregoing are true to the best of my knowledge and belief.

Bertarikh pada \_\_\_\_\_ di this \_\_\_\_\_ haribulan day of \_\_\_\_\_ 20 \_\_\_\_\_  
Dated at \_\_\_\_\_

TANDATANGAN PAKAR PERUBATAN  
PHYSICIAN'S SIGNATURE \_\_\_\_\_ Cop Rasmi Hospital  
Hospital Official Stamp \_\_\_\_\_

NAMA PENUH  
FULL NAME \_\_\_\_\_

KELAYAKAN  
QUALIFICATION \_\_\_\_\_ NO. K/P  
I/C NO. \_\_\_\_\_

ALAMAT  
ADDRESS \_\_\_\_\_

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