



PERMANENT DISABLEMENT FORM FOR CELCOM PERSONAL ACCIDENT CLAIMS

Any costs incurred for the completion of this form is at the expense of the Participant.

Participant's Name _____

Patient's Name _____

Certificate No _____ NRIC No _____ Date of Birth _____

Describe occupation at time disability commenced _____

MEDICAL PRACTITIONER'S STATEMENT TO TAKAFUL OPERATOR

1. State briefly the nature and severity of the injuries.

2(a). Has the patient been totally disabled and continuously prevented from performing any work or engaging in any occupation or profession for wages, compensation or profit?

(b) If so, on what date did such disability begin? _____ (dd/mm/yy).

(c) Is the patient still disabled? Yes / No

3. State briefly the disability suffered

4. Treatments rendered by you since _____

5. Is the patient at present wheelchair bound / using any walking aid to move around? _____

6.(a) Does the disability render the patient **permanently** disabled without any hope whatsoever of recovery to that disability? Yes / No

(b) If yes, please refer to the Table of Compensation overleaf and indicate the percentage of permanent disablement applicable _____ (%)

7. In your opinion, could the patient without injury to his health, resume any work or will ever be capable of doing any work, occupation or profession? If so, on what date will the patient be able to resume such work? (dd/mm/yy)

8. Please give additional information including X-rays, neurological examinations in detail (muscle power tone and reflexes of the affected side at present **if applicable**) etc. that will enable the Company to determine the merits of this claim.

I certify that the answers to the above questions are truthful and just to the best of my professional knowledge and judgment.

Signature of Examiner _____ Name of Examiner _____

Hospital/Clinic Official Stamp _____ Date _____

JADUAL MANFAAT TABLE OF BENEFITS

Kematian atau Hilang Upaya Kekal <i>Death and Permanent Disablement</i>	Jumlah Perlindungan <i>Sum Covered</i>
Kematian Akibat Kemalangan (berlaku dalam tempoh dua belas (12) bulan kalendar. <i>Accidental Death (occurring within twelve calendar (12) months of the accident)</i>	Jumlah Perlindungan seperti dalam Jadual Sijil <i>The Sum Covered as per Certificate Schedule</i>
Hilang Upaya Kekal Akibat Kemalangan (berlaku dalam tempoh dua belas (12) bulan kalendar). <i>Accidental Permanent Disablement (occurring within twelve calendar (12) months of the accident)</i>	Jumlah Perlindungan seperti dalam Jadual Sijil mengikut peratus dibawah <i>The Sum Covered as per Certificate Schedule according to percentage below</i>
Penerangan Hilang Upaya <i>Description of Disablement</i>	
Kehilangan dua (2) anggota----- <i>Loss of two (2) limbs</i>	-----100%
Kehilangan kedua-dua tangan, atau semua jari dan kedua-dua ibu jari <i>Loss of both hands, or of all fingers and both thumbs</i>	-----100%
Lumpuh sepenuhnya----- <i>Total paralysis</i>	-----100%
Kehilangan akal sepenuhnya----- <i>Total insanity</i>	-----100%
Kecederaan yang mengakibatkan terlantar atas katil secara kekal-- <i>Injuries resulting in being permanently bed ridden</i>	-----100%
Sebarang kecederaan lain yang menyebabkan hilang upaya keseluruhan dan kekal----- <i>Any other injury causing permanent total disablement</i>	-----100%
Kehilangan lengan dari paras bahu----- <i>Loss of arm at shoulder</i>	-----100%
Kehilangan lengan dari paras antara bahu dan siku----- <i>Loss of arm between shoulder and elbow</i>	-----100%
Kehilangan lengan dari paras siku----- <i>Loss of arm at elbow</i>	-----100%
Kehilangan lengan dari paras antara siku dan pergelangan tangan <i>Loss of arm between elbow and wrist</i>	-----100%
Kehilangan tangan dari paras pergelangan tangan----- <i>Loss of hand at wrist</i>	-----100%
Kehilangan kaki - dari paras pinggul----- <i>Loss of leg at hip</i>	-----100%
- dari paras antara lutut dan pinggul----- <i>between knee and hip</i>	-----100%
- dari paras bawah lutut----- <i>below knee</i>	-----100%
Kehilangan Mata - seluruh mata----- <i>Loss of eye whole eye</i>	-----100%
- seluruh penglihatan----- <i>sight of</i>	-----100%
- seluruh penglihatan, kecuali pengesanan cahaya----- <i>sight of, except perception of light</i>	-----50%
- lensa----- <i>lens of</i>	-----50%
Kehilangan empat (4) jari dan ibu jari sebelah tangan----- <i>Loss of four (4) fingers and thumb of one (1) hand</i>	-----50%
Kehilangan empat (4) jari----- <i>Loss of four (4) fingers</i>	-----40%
Kehilangan ibu jari - kedua-dua ruas----- <i>Loss of thumb both phalanges</i>	-----25%
- satu (1) ruas----- <i>one (1) phalanx</i>	-----10%
Kehilangan jari telunjuk - tiga (3) ruas----- <i>Loss of index finger three (3) phalanges</i>	-----10%
- dua (2) ruas----- <i>two (2) phalanges</i>	-----8%
- satu (1) ruas----- <i>one (1) phalanx</i>	-----4%

Kematian atau Hilang Upaya Kekal <i>Death and Permanent Disablement</i>	Jumlah Perlindungan <i>Sum Covered</i>
Kehilangan jari hantu <i>Loss of middle finger</i>	- tiga (3) ruas-----6%
- <i>three (3) phalanges</i>	-----
- dua (2) ruas-----	-----4%
- <i>two (2) phalanges</i>	-----
- satu (1) ruas-----	-----2%
- <i>one (1) phalanx</i>	-----
Kehilangan jari manis <i>Loss of ring finger</i>	- tiga (3) ruas-----5%
- <i>three (3) phalanges</i>	-----
- dua (2) ruas-----	-----4%
- <i>two (2) phalanges</i>	-----
- satu (1) ruas-----	-----2%
- <i>one (1) phalanx</i>	-----
Kehilangan jari kelingking <i>Loss of little finger</i>	- tiga (3) ruas-----4%
- <i>three (3) phalanges</i>	-----
- dua (2) ruas-----	-----3%
- <i>two (2) phalanges</i>	-----
- satu (1) ruas-----	-----2%
- <i>one (1) phalanx</i>	-----
Kehilangan metacarpus <i>Loss of metacarpals</i>	- pertama atau kedua (tambahan)-----3%
- <i>first or second (additional)</i>	-----
- ketiga, keempat atau kelima (tambahan)-	-----2%
- <i>third, fourth or fifth (additional)</i>	-----
Kehilangan ibu jari <i>Loss of toes</i>	- semua ruas-----15%
- <i>all phalanges</i>	-----
- dua (2) ibu jari kedua-dua ruas-----	-----5%
- <i>two (2) great, both phalanges</i>	-----
- ibu jari, satu (1) ruas-----	-----2%
- <i>great one (1) phalanx</i>	-----
- selain ibu jari, jika lebih dari satu (1) jari,	-----
- <i>other than great, if more than one (1) toe</i>	-----
- <i>lost, each</i>	-----1%
Kehilangan pendengaran - kedua-dua belah telinga-----	-----75%
- <i>both ears</i>	-----
- satu (1) telinga-----	-----15%
- <i>one (1) ear</i>	-----
Kehilangan upaya tutur-----	-----50%
- <i>Loss of speech</i>	-----