

**LETTER OF INDEMNITY**  
**(Underwriting Department – New Business)**

Policy / Application No. : \_\_\_\_\_

Name of Life Proposed / Policy Owner : \_\_\_\_\_ NRIC/BC No. : \_\_\_\_\_

Name on receipt : \_\_\_\_\_ NRIC No. : \_\_\_\_\_

**RE : Reimbursement of Medical Fees for the Medical Requirements/Diagnostic Tests on New Business**

Details of Receipts Submitted

<u>Receipts No.</u>	<u>Type of Report</u>	<u>Date of Issue</u>	<u>Amount(RM)</u>
1)			
2)			
3)			
4)			
5)			
<b>TOTAL :</b>			----- =====

I, the undersigned hereby warrant that the above medical fees have been paid by your agent/distributor Mr/Miss/Mrs \_\_\_\_\_ and hereby make an application for the reimbursement of the above to your agent/distributor. I undertake to indemnify the Company against all liabilities whatsoever which may arise as a result of this reimbursement.

Thank you.

Yours faithfully,

Witnessed by,

 \_\_\_\_\_  
 Signature of Customer (*as per receipt*)

 \_\_\_\_\_  
 Signature of Agent / Distributor

Name : \_\_\_\_\_

Name : \_\_\_\_\_

NRIC No. : \_\_\_\_\_

NRIC No : \_\_\_\_\_

Date

Code : \_\_\_\_\_

Date : \_\_\_\_\_

 Note: All reimbursement must be accompanied with ***original*** receipts.

**Manulife Insurance Berhad** Registration No. 200801013654 (814942-M)  
 (Licensed under the Insurance Act 1996 and Regulated by Bank Negara Malaysia)  
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A Manulife Financial company

