

employer letterhead

DATE:

INSURANCE COMPANY ADDRESS

Attn To:

Dear Sir,

RE: REPATRIATION OF DECEASED CLAIMS

NAME :
PASSPORT NO :
NATIONALITY :
POLICY NO :

We hereby authorized to repatriate the deceased worker,
..... (Passport Number:) from Malaysia to

We agree and authorize this repatriation claim expenses to be direct payable to

Kindly process the claims and make payments to

Your kind attention and cooperation on the above matter is greatly appreciated.

Thank you,

Yours faithfully,

.....
COMPANY CHOP AND SIGN
NRIC