

Our Claim Ref. No :

Date : 19

To

From :

The Pacific Insurance Berhad

(Company No. : 91603 - K)

Head Office :

8th Floor, Bangunan Yee Seng,
15, Jalan Raja Chulan, 50200 Kuala Lumpur
P.O. Box 12490, 50780 Kuala Lumpur, Malaysia.
Tel : 03-2326633 (Hunting Line) Fax : 03-2384928

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Dear Sirs,

PRELIMINARY ADVICE OF LOSS

We regret to advise of an accident/loss reported to us and a probable claim, the particulars of which are as follows :

- 1. Date of Advice received : From :
- 2. Policyholder :
- Policy No :
- Period of Insurance :
- 3. Name of Insured : (Employee/Dependant)
- Occupation : Insured No :
- 4. Date of Admission : Hospital :
- Nature of Injury/Sickness :
- 5. Estimated Loss :

6. Completed Notice of Claim is attached/will be sent to you with further particulars in due course.

Yours faithfully,