

**FIRE CLAIM FORM
BORANG TUNTUTAN KEBAKARAN**

(Fire, Fire Master Policy, Fire Consequential Loss, Crop(Growing Tree), Excel Homesafe, Fire Industrial All Risk, Home Contents, and Houseowner/Householder)

Claim No.:

No. Tuntutan:

The issue of this form is not to be taken as an admission of liability. Answer all Question fully.

Borang yang dikeluarkan ini tidak boleh dianggap sebagai pengakuan ke atas tanggungan. Jawab semua soalan dengan lengkap.

Agency: Agensi:	Policy No.: No. Polisi:
Name of insured: Nama orang yang diinsuranskan:	
Email Address.: Alamat Emel:	Telephone No.: No. Telefon:
NRIC No.: Old:- No. Kad Pengenalan Lama:	New:- Baru
Business Address: Alamat Perniagaan:	Postcode: Poskod:
Are you a GST Registrant? Adakah anda pendaftar Cukai Barang & Perkhidmatan? Yes <input type="checkbox"/> / Ya <input type="checkbox"/> No / Tidak	
If yes, please state the following : Jika ya, sila nyatakan yang berikut :	
Registration No: No. Pendaftaran :	
Date Registered: Tarikh Pendaftaran:	
Are you a sole proprietor who purchased the policy for non-business/personal use purpose? <input type="checkbox"/> Yes / Ya <input type="checkbox"/> No / Tidak Adakah anda pemilik tunggal yang membeli polisi untuk kegunaan bukan perniagaan/kegunaan persendirian?	
1. Address of premises, or place, where loss or damaged occurred. (If loss from premises state whether private house, flat, hotel, sale-shop, etc.) Alamat (rumah) atau tempat di mana berlaku kehilangan atau kerosakan. (Jika hilang dari premises, nyatakan samada rumah sendiri, rumah pangsa, hotel, kedai jualan atau lain-lain.)	

<p>2. Full particulars of circumstance of the loss or damage. (Give details of articles on the other side hereof) <i>Butir-butir terperinci bagaimana timbulnya kehilangan atau kerosakan tersebut.</i> <i>(Nyatakan butir-butir benda / barang-barang dimuka sebelah)</i></p>	
<p>3. (a) Date and time when loss or damage was first discovered. <i>Tarikh dan waktu bila kehilangan atau kerosakan pertama kali diketahui/ditemui.</i></p> <p>(b) By whom was it discovered? <i>Siapa yang menemui kehilangan/kerosakan ini?</i></p> <p>(c) Date and time when article(s) was last seen. <i>Tarikh dan waktu barang/barangan tersebut terakhir dilihat.</i></p> <p>(d) By whom was it last seen, and where? <i>Siapakah yang terakhir melihatnya dan di mana?</i></p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>
<p>4. When were the Police notified, and at which Station? <i>Bilakah masanya Polis diberitahu, dan di Balai Polis yang mana?</i></p>	
<p>5. Have you sustained loss by theft? <i>Adakah tuntutan kehilangan dengan sebab kecurian pernah dibuat sebelum ini?</i></p> <p>a) If so, when and amount claimed? <i>Jika ada, bila dan jumlah tuntutan?</i></p> <p>b) Lost of, or damage to, any article of value from any other cause? (If so, please state particulars) <i>Adakah kehilangan atau kerosakan sebarang benda / barang-barang yang bernilai dengan sebab-sebab yang lain?</i> <i>(Jika ada, sila nyatakan butir-butirnya)</i></p>	<p>a)</p> <p>b)</p>
<p>6. Are you the sole proprietor/Owner of the property? If not, please state as follows: <i>Adakah anda satu-satunya tuan punya / pemilik harta benda tersebut? Jika tidak, sila nyatakan seperti berikut.</i></p> <p>a) other owner(s) / mortgaged to / others? <i>Pemilik lain / gadai janji kepada / lain-lain?</i></p> <p>b) outstanding amount <i>amaun tertunggak</i></p>	<p>a)</p> <p>b)</p>
<p>7. a) Is the property for which you are claiming insured against Burglary, Theft, Loss or Damage, with any other company or underwriter? <i>Adakah hartabenda yang anda tuntut itu diinsuranskan terhadap Samun, Kecurian, Kehilangan atau Kerosakan dengan lain-lain syarikat atau penanggung insurans lain?</i></p> <p>b) If so, state particulars <i>Jika ada, sila perihalkan</i></p>	<p>a)</p> <p>b)</p>
<p>8. What were the premises being used for at the date of fire/loss? <i>Apakah kegunaan premises tersebut semasa kebakaran atau kehilangan berlaku?</i></p>	

The Pacific Insurance Berhad (TPIB)-91603K

e-PAYMENT Authorisation Form (Please Tick (✓) Accordingly)

****IF YOU HAVE PREVIOUSLY ALREADY SUBMITTED THIS FORM AND THERE IS NO CHANGE IN YOUR BANKING DETAILS, YOU NO LONGER NEED TO SUBMIT THIS FORM.**

Personal Data Protection Act 2010 (PDPA) Notice from The Pacific Insurance Berhad (TPIB) to you.
Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB privacy notice.

<input type="checkbox"/> New Registration	<input type="checkbox"/> Update of Details
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Particulars (Please ensure accuracy of details) :

<input type="checkbox"/> Agents	<input type="checkbox"/> Brokers	<input type="checkbox"/> Reinsurers	<input type="checkbox"/> Co-insurers	<input type="checkbox"/> Adjusters
<input type="checkbox"/> Repairers	<input type="checkbox"/> Insured	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Policyholder	<input type="checkbox"/> Solicitors
<input type="checkbox"/> Utilities	<input type="checkbox"/> Service Providers	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Others (Please specify in next box)	

Name :

Business/Company Registration No. (Non-Individual)

NRIC No : (Individual)

Postal Address :

Contact Number : Office: Mobile:

Important: PLEASE NOTE THAT EMAIL WILL ONLY BE VALID IF THE TOTAL NUMBER OF CHARACTERS FOR EMAIL 1 AND EMAIL 2 DOES NOT EXCEED FORTY-NINE (49) CHARACTERS. @ - _ (these examples are not exhaustive) ARE EACH CONSIDERED AS 1 CHARACTER.

Email 1: (for notification of payment to Payee)

Email 2: (for notification of payment to Servicing Agent)

Banking Details (Please ensure accuracy of details) :

Bank Name : SWIFT CODE :

Bank Account No. :

Type of Account : Savings Account Current Account Credit Card Loan Account

- Declaration:**
- I/We hereby authorise TPIB to remit all payments due to me/us to my/our bank account details as indicated above. TPIB will not be liable for any financial loss due to the incorrectness, incompleteness or inaccuracies of the information provided above.
 - TPIB may in its absolute discretion elect other modes (such as cheques, cash or bank drafts) other than the E-Payment mode as it deems fit.
 - In the event the information provided above has changed, I/We shall inform TPIB of the changes accordingly. I/We understand that I/We need to state our Bank Name and Bank Account Number on each and every occasion a payment is due to us from TPIB.

I hereby agree to the above terms and conditions and declare that the information provided above are true and correct.

Authorised Signatory and Company Stamp Date

Please return the completed form to the following address or email address:
The Pacific Insurance Bhd (TPIB)-91603K
40-01, Q Sentral 2A, Jalan Stesen Sentral 2,
Kuala Lumpur Sentral
P.O. Box 12490, 50470 Kuala Lumpur,
Malaysia Email : epayment@pacificinsurance.com.my

For internal Office use only:

Verified By : Dept/Branch :

Client No : Date :

Financial Services

Created By : Verified By :

Data Protection Statement/Kenyataan Perlindungan Data

Your privacy is important to us. The Pacific Insurance Berhad is committed to ensure that your personal data under our case is safe and secured. We will ensure that your information collected via this application and any other information that you may provide to The Pacific Insurance Berhad is used for the purposes of purchasing an insurance policy including but not limited to underwriting and administering your plan; processing service request; processing claims; complying with all applicable laws; conducting due diligence; performing our functions as an insurance company and such other purposes referred to in our Personal Data Policy. For further details on how we collect, process, share and retain your personal data, please refer to our website www.pacificinsurance.com.my/. *Privasi anda adalah penting bagi kami. The Pacific Insurance Berhad adalah komited untuk memastikan bahawa data peribadi anda di bawah jagaan kami adalah selamat dan terjamin. Kami akan memastikan bahawa maklumat anda yang dikumpulkan melalui permohonan ini dan apa-apa maklumat lain yang anda kemukakan untuk The Pacific Insurance Berhad digunakan untuk tujuan-tujuan membeli polisi insurans termasuk tetapi tidak terhad kepada pengunderaitan dan mentadbir pelan anda; permintaan perkhidmatan pemprosesan; pemprosesan tuntutan; mematuhi semua undang-undang; menjalankan usaha wajar; melaksanakan tugas kami sebagai sebuah syarikat insurans dan apa-apa maksud lain yang disebut dalam Dasar Data Peribadi kami. Untuk maklumat lanjut mengenai bagaimana kami mengumpul, memproses, berkongsi dan menyimpan data peribadi anda, sila rujuk kepada laman web kami di www.pacificinsurance.com.my.*

Authorization for Disclosure of Personal Information/Kebenaran untuk Pendedahan Maklumat Peribadi

The information you supply may be used by The Pacific Insurance Berhad and their agents to keep you informed by post, short message service (SMS), telephone, email or other means of services or products which may be of interest to you. *Maklumat yang anda bekalkan boleh digunakan oleh The Pacific Insurance Berhad dan ejen-ejen mereka untuk memaklumkan kepada anda melalui pos, khidmat pesanan ringkat (SMS), telefon, e-mel atau lain cara untuk perkhidmatan atau produk yang mungkin menarik minat anda.*

Access, corrections and complaints of your Personal Information/Akses, pembetulan dan aduan ke atas Maklumat Peribadi anda

The Pacific Insurance Berhad aims to ensure that your personal information is accurate up to date and complete. Should you wish to seek access or make correction of your personal information or make any enquiries or complaints, you may contact our Customer Hotline at 1800 88 1629 or fax to us at 03-20784928 or email us at customerservice@pacificinsurance.com.my within 7 days from the date of submission of the claim form, failing which it is deemed that you have consented to the disclosure of the personal information. *The Pacific Insurance Berhad bertujuan untuk memastikan bahawa maklumat peribadi anda adalah tepat terkini dan lengkap. Sekiranya anda ingin mendapatkan akses atau membuat pembetulan maklumat peribadi anda atau membuat sebarang pertanyaan atau aduan, anda boleh hubungi Talian Perkhidmatan Pelanggan kami di 1800 88 1629 atau faks kepada kami di 03-20784928 atau e-mel kepada kami di customerservice@pacificinsurance.com.my dalam masa 7 hari dari tarikh penyerahan borang tuntutan. Jika kami tidak menerima sebarang maklum balas daripada anda mengenai yang diatas, kami akan menganggap bahawa anda bersetuju kepada yang sama.*

I/We, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particular and details are true and correct.

Saya/Kami, mengisytiharkan bahawa kenyataan di atas adalah benar pada pengetahuan dan hemat saya/kami.

Date:

Tarikh: _____

Signature of Insured:

Tandatangan orang yang diinsuranskan: _____

Name : / Nama :

NRIC No : / No. Kad Pengenalan :

(If company, endorse company stamp)

“FOR INTERMEDIARY/STAFF COMPLETION ONLY”

Claim No :

VERIFICATION ON AUTHENTICITY OF IDENTITY

In compliance with section 16(2) of Anti-Money Laundering Act 2001,
I hereby confirm the following:

Original identity document sighted

Photocopy of identity document attached

Name : _____

Signature : _____

NRIC : _____

Date : _____

Company : _____

Rubber Stamp