

MONEY CLAIM TUNTUTAN WANG

Claim No.:

No. Tuntutan:

Agency:

Agensi:

Policy No.:

No. Polisi:

Name of insured:

Nama orang yang diinsuranskan:

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 / Ya

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?

Adakah anda pemilik tunggal yang membeli polisi untuk kegunaan bukan perniagaan/kegunaan persendirian?

Yes / Ya

No / Tidak

1. What was the value of actual loss?

Apakah tahap kehilangan yang dialami?

2. Give the date, time and locality where the loss occurred.

Nyatakan tarikh, masa dan tempat kejadian kehilangan tersebut berlaku.

<p>3. Please give full details surrounding the loss and attach statements from those involved, and witnesses if any. <i>Sila beri keterangan penuh mengenai kehilangan tersebut dan lampirkan kenyataan daripada mereka yang terlibat dan juga saksi sekiranya ada.</i></p>	
<p>4. What steps have been taken to identify the guilty person or persons and to trace and recover the property lost. <i>Apakah langkah-langkah yang telah diambil bagi mengenalpasti mereka-mereka yang terlibat dan untuk mengesan serta mendapat balik harta benda yang hilang.</i></p>	
<p>5. State address of Police Station and name of officer dealing with the case and Police Report Number. <i>Nyatakan alamat Balai Polis dan nama Pegawai yang mengendalikannya kes dan nombor Laporan Polis.</i></p>	
<p>6. (a) At the time of loss, how much cash was being carried, and by whom? <i>Ketika kejadian berlaku berapa banyakkah nilai wang tunai yang dibawa dan oleh siapa?</i></p> <p>(b) Was he accompanied? <i>Adakah dia ditemani?</i></p>	
<p>7. Has any other person an interest of any description in the property claimed for? <i>Adakah sesiapa yang mempunyai apa-apa kepentingan atas hartabenda ini?</i></p>	
<p>8. Is the property claimed for insured elsewhere against Burglary, Housebreaking or Fidelity Guarantee? If so, give particulars. <i>Adakah hartabenda yang dituntut diinsuranskan oleh mana-mana pihak lain di bawah polisi Samun, Pecah Rumah atau Pecah Amanah. Jika ya, nyatakan butir-butirnya.</i></p>	
<p>9. Have you previously suffered a loss of this nature? <i>Adakah anda pernah mengalami kehilangan seperti ini?</i></p>	
<p>10. On what basis is the amount of the claim arrived at? <i>Atas dasar apakah nilai tuntutan ini dikira?</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:

1. 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.
2. 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.
3. 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 Co. Stamp
 (if appropriate)

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,
 50470 Kuala Lumpur.
 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.
I 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 ringkas (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