

MOTOR INSURANCE ACCIDENT REPORT FORM			
<input type="checkbox"/> OD	<input type="checkbox"/> OD KFK	<input type="checkbox"/> Claiming Third Party	<input type="checkbox"/> Theft
		<input type="checkbox"/> Notification Only	<input type="checkbox"/> W/Screen
IMPORTANT NOTICE			
<p>1) Information on the matters referred to herein is required to enable us and our solicitors to give advice thereon and to conduct any litigation which may arise. Please ensure that it is fully completed and accurately as possible. Butir-butir berkenaan soalan-soalan perlu dijawab untuk membolehkan kami and pihak peguam untuk memberi nasihat serta untuk mengambilalih tindakan mahkamah yang mungkin timbul. Sila pastikan soalan-soalan dilengkapkan dengan setepat yang mungkin.</p> <p>2) The acceptance of this form is not in itself an admission of liability on the part of the Company. Penerimaan borang ini tidak boleh dianggap sebagai pengakuan tanggungan oleh pihak Syarikat.</p>			
Name of Insured Nama orang yang diinsurankan		Email Address Alamat Emel	
I.C. No. No. K.P.		Telephone No. No. Telefon	
Full address Alamat penuh		Occupation Perkerjaan	
BUTIR-BUTIR PENDAFTARAN CUKAI BARANG & PERKHIDMATAN			
1) Are you a GST registrant ? Adakah anda pendaftar Cukai Barang & Perkhidmatan ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2) If yes, please state the following :- Jika ya, sila nyatakan yang berikut :-			
Registration No : No. Pendaftaran :			
Date Registered : Tarikh Pendaftaran :			
3) Are you a sole proprietor who purchased the policy for non-business / personal use purposes ? Adakah anda pemilik tunggal yang membeli polisi untuk kegunaan bukan perniagaan / kegunaan persendirian ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
DETAILS OF VEHICLE / BUTIR-BUTIR KENDERAAN			
Vehicle No. No. Kenderaan		Make of Vehicle Jenis Kenderaan	
Name of hire purchase owners Syarikat sewabeli (jika ada) yang mempunyai kepentingan terhadap kenderaan			
DETAILS OF ACCIDENT/LOSS / KETERANGAN KEMALANGAN/KEHILANGAN			
Date of accident/loss Tarikh kemalangan/kehilangan		Time Waktu	Speed of vehicle prior to accident Kelajuan kenderaan sebelum kemalangan
At which police station and when was a report made Tempat (balai polis) dan bila dilaporkan			
By whom Dilaporkan oleh:		Police Report No. No. Laporan Polis	
Were you in the vehicle Adakah anda dalam kenderaan		If not when was the accident reported to you Jika tidak, bilakah kemalangan dimaklumkan kepada anda	
Place of accident/loss Tempat kemalangan/kehilangan			
State exactly how the accident/loss occurred Nyatakan bagaimana kemalangan/kehilangan berlaku			
Did the police take any evidence Adakah pihak polis telah mengambil keterangan		Was he a witness Adakah pihak polis seorang saksi	
Names and address of witnesses, if any Nama dan Alamat saksi-saksi jika ada			

DETAILS OF DRIVER / KETERANGAN PEMANDU

Name of driver at the time of accident Nama pemandu ketika kemalangan berlaku	Age Umur	Relationship Pertalian
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Address Alamat

Occupation Perkerjaan	License No No. Lesen	Date of commence/expiry Tarikh mula/tamat
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Date of original issue Tarikh mula dikeluarkan	Type of Licence: Permanent/Provisional/Learner Jenis Lesen: Kekal/Sementara/Pelajar
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Was he driving with your authority and consent Adakah dia memandu dengan kebenaran dan izin anda	Is he in your permanent employ Adakah dia pekerja tetap anda
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USE OF VEHICLE / KEGUNAAN KENDERAAN

For what purpose was the vehicle being used at the time of accident Apakah tujuan kenderaan itu digunakan ketika berlaku kemalangan

State number of persons conveyed in insured vehicle including driver Nyatakan jumlah orang yang menaiki dalam kenderaan yang diinsuranskan termasuk pemandu

OWN DAMAGE / KEROSAKAN KENDERAAN SENDIRI

Give details of damage to insured vehicle Nyatakan butir-butir kerosakan terhadap kenderaan yang diinsuranskan
--

Where is the vehicle lying now and in whose charge Dimanakah kenderaan itu sekarang dan siapakah yang menjaganya
--

Where do you want to repair the vehicle Siapakah yang akan membaiki kenderaan itu

THIRD PARTY PROPERTY / HARTA BENDA PIHAK KETIGA

State full details of damage to property other than your own Nyatakan sepenuhnya butir-butir kerosakan terhadap harta benda selain daripada kepunyaan anda
--

If a vehicle was involved, registration number of the vehicle Jika ada kenderaan terlibat, nyatakan nombor kenderaan itu
--

Name and address of owner of damaged property or name of insurer to third party vehicle Nama dan alamat pihak ketiga tuannya harta yang rosak dan penanggung insuransnya

PARTICULARS OF PERSONAL INJURY TO THIRD PARTY PERSONS

BUTIR-BUTIR KECEDERAAN TERHADAP PIHAK KETIGA

NAME AND ADDRESS NAMA DAN ALAMAT	NATURE OF INJURY BUTIR-BUTIR KECEDERAAN

Has a claim been made upon you in respect of this accident Adakah tuntutan dibuat terhadap anda di atas kemalangan ini

Have you seen or written to claimant or any person acting on claimants behalf Adakah anda jumpa atau menulis kepada penuntut atau kepada pihak menuntut

NOTE

If any person has been injured or damage has been caused to a vehicle or to third party property, do not admit liability in any way whatsoever or agree to compound the offence. All communications from or on behalf of third party or notices or summonses from the police should be forwarded to the company immediately.

PERINGATAN

Jika seseorang telah tercedera atau berlaku kerosakan terhadap sesebuah kenderaan atau sebarang harta benda pihak ketiga, jangan mengaku bertanggungjawab dengan apa cara jua pun, atau bersetuju mengkompakan (menyelesaikan) kesalahan. Segala perhubungan daripada atau bagi pihak, orang ketiga atau notis atau saman daripada polis, hendaklah dengan serta-merta di hantar kepada syarikat ini.

Please give a rough sketch of the scene of the accident below.
Sila beri pelan kasar mengenai tempat kemalangan itu dibawah ini.

POSITION OF VEHICLES BEFORE THE ACCIDENT KEDUDUKAN KERETA SEBELUM KEMALANGAN

POSITION OF VEHICLES AFTER THE ACCIDENT KEDUDUKAN
KERETA SELEPAS KEMALANGAN

The Pacific Insurance Berhad (TPIB) -91603K

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

****IF YOU HAVE PREVIOUSLY ALREADY SUBMITTED THIS INFORMATION FOR CLAIMS SETTLEMENT PURPOSE AND THERE IS NO CHANGE IN YOUR BANKING DETAILS, YOU NO LONGER NEED TO COMPLETE THIS SECTION.**

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"/> RENTAS				<input type="checkbox"/> Update of Details					
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:													
Email : (for notification of payment)													
Banking Details (Please ensure accuracy of details) :													
Bank Name :										SWIFT CODE :			
Bank Address :													
Bank Account No. :													
Type of Account :				<input type="checkbox"/> Savings Account		<input type="checkbox"/> Current Account		<input type="checkbox"/> Credit Card		<input type="checkbox"/> 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.

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

Authorised Signatory and Company Stamp

Date

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 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.

Declaration/Pengakuan

I/We hereby declare that the above statements and particulars are correct and complete in every respect and that the Motor Vehicle above referred to is/are my/our own property. Further I/we agree that if such statements and particulars are in the writing of any other person; such person shall be deemed to have been my/our agent for the purpose of filling in this form and his statement shall be binding upon me/us.

Saya/kami dengan ini mengaku bahawa kenyataan dan butir-butir di atas adalah benar dan lengkap dan bahawa yang tersebut di atas adalah kepunyaan saya/kami sendiri. Selanjutnya saya/kami bersetuju bahawa jika kenyataan-kenyataan dan butir-butir ini dibuat dengan bertulis oleh orang lain; orang ini hendaklah disifatkan sebagai agen saya/kami untuk maksud mengisikan borang ini dan kenyataannya adalah terikat ke atas saya/kami.

Driver's Signature

Tandatangan Pemandu

Insured's Signature (If company, chop authorised signature)

Tandatangan Pemegang Polisi (Jika syarikat, cop dan tandatangan)

Date

Tarikh

Please ensure the following documents are enclosed with this claim form to facilitate processing.

Own Damage Claim		Theft Claim	
<input type="checkbox"/>	Original Police Report	<input type="checkbox"/>	Original Police Report
<input type="checkbox"/>	Copy of Registration Card (both sides)	<input type="checkbox"/>	Copy of Registration Card (both sides)
<input type="checkbox"/>	Copy of Insured's Identity Card	<input type="checkbox"/>	Copy of Insured's Identity Card
<input type="checkbox"/>	Copy of Insured's Driving Licence	<input type="checkbox"/>	Copy of Insured's Driving Licence
<input type="checkbox"/>	Copy of Driver's Identity Card	<input type="checkbox"/>	Copy of Driver's Identity Card
<input type="checkbox"/>	Copy of Driver's Driving Licence	<input type="checkbox"/>	Copy of Driver's Driving Licence
<input type="checkbox"/>	Repairer Estimated Cost of Repair	<input type="checkbox"/>	Copy of Hire Purchase Agreement (if vehicle under hire purchase)
KFK Claim		Notification Only	
<input type="checkbox"/>	Original Police Report of all Parties Concerned	<input type="checkbox"/>	Original Police Report
<input type="checkbox"/>	Copy of Registration Card (both sides)	<input type="checkbox"/>	Copy of Registration Card (both sides)
<input type="checkbox"/>	Copy of Insured's Identity Card	<input type="checkbox"/>	Copy of Insured's Identity Card
<input type="checkbox"/>	Copy of Insured's Driving Licence	<input type="checkbox"/>	Copy of Insured's Driving Licence
<input type="checkbox"/>	Copy of Driver's Identity Card	<input type="checkbox"/>	Copy of Driver's Identity Card

<input type="checkbox"/>	Copy of Driver's Driving Licence	<input type="checkbox"/>	Copy of Driver's Driving Licence
<input type="checkbox"/>	Declaration of Knock-For-Knock (attached)	Windscreen Claim	
<input type="checkbox"/>	Police Investigation Report	<input type="checkbox"/>	Copy of Registration Card (Both Sides)
<input type="checkbox"/>	Police Sketch Plan and Key	<input type="checkbox"/>	Copy of Insured's Identity Card
<input type="checkbox"/>	Copy of Cover Note/Policy Schedule of Third Party Vehicle or JPJ Confirmation particulars of Third Party Vehicle	<input type="checkbox"/>	Copy of Insured's Driving Licence
<input type="checkbox"/>	Repairer Estimated Cost of Repair	<input type="checkbox"/>	Pre and Post repair Photographs / Gambar Sebelum dan Selepas dibaiki (tukar)
		<input type="checkbox"/>	Repair Bill / Bill Pembaikan
		<input type="checkbox"/>	Consent letter from Insured if payment is to be made to a Non-Panel workshop

“FOR INTERMEDIARY/STAFF COMPLETION ONLY”

Claim No :

VERIFICATION ON AUTHENTICITY OF IDENTITY	
<p>In compliance with section 16(2) of Anti-Money Laundering Act 2001, I hereby confirm the following:</p>	
<input type="checkbox"/>	Original identity document sighted
<input type="checkbox"/>	Photocopy of identity document attached
Name : _____	Signature : _____
NRIC : _____	Date : _____
Company : _____	
Rubber Stamp	