

**PERSONAL ACCIDENT CLAIM FORM
TO BE COMPLETED BY THE ASSURED/CLAIMANT
BORANG TUNTUTAN KEMALANGAN
PERLU DILENGKAPKAN OLEH PEMEGANG POLISI / PIHAK YANG MENUNTUT
No Liability Is Admitted By Issuing This Form
Tiada tanggungan diakui dengan mengeluarkan borang ini**

PART A / BAHAGIAN A

Instruction / Arahan

This form is to be completed by the claimant or by the parent if patient is a minor.
Borang ini hendaklah diisikan oleh pihak yang menuntut atau ibubapa penjaga jika pesakit dibawah umur.

1. Claim No.:

No. Tuntutan: _____

Agency:

Agensi: _____

Policy No:

No. Polisi: _____

Are you a GST Registrant?

Yes / Ya No / Tidak

Adakah anda pendaftar Cukai Barang & Perkhidmatan?

If yes, please state the following:

Jika ya, sila nyatakan yang berikut :

Registration No.: No Pendaftaran:

Date Registered:

Tarikh Pendaftaran: _____

2. Life Assured's Details / Butir Hayat yang dilindungi

i. Name of Assured:

Nama Pemegang Polisi: _____

ii. NRIC (Old):

No. Kad Pengenalan (Lama): _____

(New):

(Baru): _____

iii. Birth Certificate / Passport No.:

Sijil Beranak / Paspot: _____

Age:

Umur: _____

Telephone No.:

No. Telefon: _____

iv. Current Correspondence Address:

Alamat Surat Menyurat Terkini: _____

v. Email Address:

Alamat Emel: _____

3. Employer's Details / Butir Majikan

i. Employer's Name and Address: Nama dan alamat Majikan:

4. Assured's Occupation / Pekerjaan Pemegang Polisi

i. Present Occupation: Pekerjaan sekarang: _____

ii. Exact nature of occupation and duties:

Maklumat tepat tentang pekerjaan dan tugas: _____

iii. Involved in manual work?

Adakah terlibat melakukan tugas kasar?

Yes
Ya

No
Tidak

5. Particulars of Accident

Butir tentang kemalangan

DD
HH

MM
BB

YY
TT

at
pada

am/pm
pagi/ptg

i. When did it occur?

Bila kemalangan tersebut berlaku? _____

ii. Where did it occur?

Di mana kemalangan tersebut berlaku? _____

iii. How did it occur?

Bagaimana kemalangan tersebut berlaku? _____

iv. Nature and extent of injury

Jenis dan tahap kemalangan tersebut berlaku? _____

6.

Name and address of doctors who treated you for the injury
Nama dan alamat doktor yang merawat kecederaan anda

Date of Consultation
Tarikh rawatan

Date of admission (if any)
Tarikh kemasukan wad (jika ada)

i.
ii.
iii.

7. Date first day absent from work:

Tarikh hari pertama tidak hadir di tempat kerja: _____

8. Date of return to work:

Tarikh mula bekerja semula: _____

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
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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:

Email : (for notification of payment)

Banking Details (Please ensure accuracy of details) :

Bank Name : SWIFT CODE :

Bank Address :

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 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 / Pengisytiharan

I, hereby declare that I have sustained the injuries described above, and warrant the truth of the foregoing particulars in every respect, and agree that if I have made, or shall make any false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Saya, dengan ini mengisytiharkan bahawa saya telah mengalami kecederaan yang dinyatakan di atas, dan memperakui kebenaran dari semua aspek tentang maklumat yang diberi, dan bersetuju sekiranya saya membuat atau akan membuat sebarang kenyataan palsu atau tidak benar, menyembunyikan atau menghalang, hak saya untuk mendapat pampasan akan ditarik balik secara mutlak.

.....
Signature of Insured

Tandatangan orang yang diinsuranskan

Name: Nama:

NRIC No.:

No. Kad Pengenalan:

(If company, endorse company stamp)

Date:

Tarikh:

MEDICAL REPORT
LAPORAN PERUBATAN - KENYATAAN DOKTOR YANG MERAWAT

PART B / BAHAGIAN B

<p>1. Name of patient: <i>Nama Pesakit:</i></p> <p>.....</p>
<p>2. NRIC (Old): (New): <i>No. Kad Pengenalan (Lama):</i> <i>(Baru):</i></p> <p>.....</p>
<p>3. Birth Certificate: <i>Sijil Beranak:</i></p> <p>.....</p>
<p>4. Age: <i>Umur:</i></p> <p>.....</p>
<p>5. Occupation: <i>Pekerjaan:</i></p> <p>.....</p>
<p>6. Date & time of accident: <i>Tarikh & masa kemalangan:</i></p> <p>.....</p>
<p>7. (a) Date & time of accident: <i>Tarikh & masa rawatan pertama:</i></p> <p>.....</p> <p>(b) Are you his usual Medical doctor? <i>Adakah anda doktor perubatan kebiasaannya?</i></p>
<p>8. Describe in detail the nature of accident as related to you by the patient: <i>Terangkan secara terperinci jenis kemalangan seperti yang telah dinyatakan oleh pesakit:</i></p> <p>.....</p>

9. Were there any external and visible injuries or wound as a result of this accident>? Adakah terdapat sebarang kecederaan/ luka luaran ketara akibat kemalangan tersebut?

(a) If no, describe any other evidence that is consistent with the accident as claimed by the patient.
Jika tidak, nyatakan sebarang bukti yang konsisten dengan kemalangan seperti yang tuntutan oleh pesakit

(b) If yes, please describe the extent of injuries including site and other characteristics, features as seen by you. In the event of any amputation, please state at what level (proximal, middle, distal).
Jika benar, nyatakan tahap kecederaan termasuk lokasi, ciri-ciri lain dan bentuk yang kelihatan pada anda. Jika berlaku sebarang amputasi anggota, sila nyatakan tahap amputasi tersebut (proximal, tengah, distal).

10. Was the claimant under the influence of Alcohol or Drugs at the time of the accident?
Adakah orang yang menuntut di bawah pengaruh alkohol atau dadah pada masa kemalangan?

11. Treatment given including follow-up (Dates of consultation, healing progress, treatments such as no. stiches, STO, physiotherap, type of dressing, etc)
Rawatan yang diberi termasuk rawatan lanjutan (Tarikh rawatan, kadar sembuh, rawatan seperti jumlah jahitan, STO, phisoterapi, jenis pencucian, dsb.)

12. Fracture

Patah tulang / Fraktur

(i) Location, type of fracture:

Lokasi, jenis patah:

(ii) If patient was put on any form of immobilization (POP, becksiab, crepe bandage, etc).

Jika pesakit diberi sebarang bentuk pembatasan bergerak (POP, sendal belakang, crepe bandage, dan sebagainya).

Please furnish us: / Sila nyatakan

(a) Date first applied and removed:

Tarikh mula digunakan dan ditanggalkan:

(b) Date patient started on physiotherapy:

Tarikh pesakit mula phsioterapi:

(c) Date patient started on full weight bearing exercise:

Tarikh pesakit memulakan senaman tanpa sokongan:

(d) Please state actual limitation of movement on any joint at the last date of treatment:

Sila nyatakan pembatasan pergerakan sebenar bagi sebarang anggota penyambung pada tarikh akhir rawatan

13. (a) Last date of consultation:

Tarikh akhir rawatan:

(b) Condition of injured part:

Keadaan anggota yang cedera:

14. Was healing straight forward / complicated)? Give details of complication.

Adakah proses sembuh lancar / rumit? Sila beri butir kerumitan

15. Was X-ray taken?

Adakah gambar sinar X diambil?

Yes / Ya

No / Tidak

If yes, please furnish report / X-ray filem.

Jika ada, sila sertakan laporan/ filem sinar X

16. Details of Hospitalization / Butir Kemasukan Hospital

(a) Name of Hospital:

Nama hospital:

(b) Admission No.:

No. Pendaftaran:

(c) Date admitted:

Tarikh masuk:

(d) Date discharged:

Tarikh keluar:

(e) Date surgery performed:

Tarikh pembedahan dilakukan:

(f) Details of surgery/other special diagnostics procedure or treatment:

Butir pembedahan/ lain-lain prosedur diagnosis atau rawatan khusus:

(g) Period confined to bed:

Tempoh terlantar di katil:

(h) Period confined to house:

Tempoh cuma boleh tinggal di rumah:

(i) Date able to go out doors:

Tarikh boleh keluar rumah:

17. In your opinion, is there any physical impairment or disease/ illness which may have contributed directly or indirectly, to the accident?

Pada pendapat anda, adakah terdapat kecacatan fizikal atau penyakit yang mungkin menyumbang secara langsung atau tidak langsung terhadap kemalangan ini?

18. Is there anything in his medical history which may have contributed, directly or indirectly, to the accident, or which may be likely to retard recovery?

Adakah sebarang penyakit di dalam sejarah perubatan pesakit yang boleh menyumbang secara langsung atau tidak langsung ke atas kemalangan atau kemungkinan boleh membantut terhadap kesembuhan pesakit.

19. Considering the nature and extent of injuries sustained, was patient able to perform his/her duties of employment? If no, please state:

Memandangkan jenis dan setakatnya kecederaan yang dialami, adakah pesakit masih boleh melakukan tugas pekerjaannya? Jika tidak, sila beritahu:

* (a) Period patient was temporarily, totally and continuously disabled with medical certificates.
Tempoh pesakit mengalami ketidakupayaan sementara, keseluruhan dan berterusan dan mempunyai sijil-sijil perubatan.

* (b) Period patient was temporarily partially disabled with / without medical certificates.
Tempoh pesakit mengalami ketidakupayaan sebahagian sementara saja dan mempunyai / tidak mempunyai sijil perubatan.

(c) Light duties certificate issued with / without medical certificates.
Sijil tugas ringan dikeluarkan mempunyai / tidak mempunyai sijil perubatan.

(Is he able to report for duty)
(Boleh ia melapurkan diri untu bekerja)

(d) Date of recovery
Tarikh sembuh

Yes / Ya No / Tidak

(a) From To
Dari Ke

(b) From To
Dari Ke

(c) From To
Dari Ke

Yes / Ya No / Tidak

(d) On
Pada

Declaration / Pengisytiharan

I hereby certified that the above answers are all true to the best of my knowledge.

Saya dengan ini mengesahkan bahawa semua semua jawapan di atas adalah benar setakat pengetahuan saya.

Signature of Physician
Tandatangan Doktor

Name & Practice stamp
Cop Name & Amalan

Name & Address of Hospital / Clinic
Nama & Alamat Hospital / Klinik

Date:
Tarikh:

“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	