

**PERSONAL CYBER INSURANCE CLAIM FORM
BORANG TUNTUTAN INSURAN SIBER PERIBADI**

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

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

<p>1. Claim No.: No. Tuntutan: _____</p> <p>Agency: Agensi: _____</p> <p>Policy No: No. Polisi: _____</p>	
<p>2. Insured's Details / Butir Orang yang diinsurankan</p> <p>i. Name of Insured: Nama Orang yang diinsurankan: _____</p> <p>ii. NRIC / Passport No.: No. Kad Pengenalan / Paspot : _____</p> <p>iii. Age: _____ Telephone No.: _____ Umur: _____ No. Telefon: _____</p> <p>iv. Current Correspondence Address: Alamat Surat Menyurat Terkini: _____ _____</p> <p>v. Email Address: Alamat Emel: _____</p>	
<p>3. (a) Date of incident occurrence. Tarikh kejadian berlaku.</p> <p>(b) Date and time when loss or damage was first discovered. Tarikh dan waktu bila kehilangan atau kerosakan pertama kali diketahui/ditemui.</p> <p>(c) By whom was it discovered? Siapa yang menemui kehilangan/kerosakan ini</p>	<p>a)</p> <p>b)</p> <p>c)</p>
<p>4. Tell us briefly how the incident happened. Terangkan secara ringkas bagaimana kejadian tersebut berlaku</p>	

<p>5. When were the Police / Authorities notified of this incident? <i>Bilakah kejadian ini dilaporkan kepada Polis / Pihak Berkuasa?</i></p>	
<p>6. (a) Describe fully your loss or damage and estimated loss or damage. <i>Terangkan sepenuhnya kehilangan atau kerosakan anda dan anggaran kerugian atau kerosakan</i></p>	
<p>7. Do you have other insurance covering the above loss(es)? <i>Adakah anda dilindungi oleh insurans yang lain untuk tuntutan yang sama?</i></p> <p>If yes, please provide details of the insurance policy. <i>Jika ya, sila berikan maklumat polisi insurans tersebut</i></p> <p>a) Nama of Insurance Company <i>Nama Syarikat Insurans</i></p> <p>b) Sum Insured <i>Jumlah Diinsuranskan</i></p> <p>c) Policy No. <i>No. Polisi</i></p>	

Below are the basic documents needed. In certain circumstances, you may be required to submit more documents/ information to substantiate your claim / Dibawah adalah senarai dokumen-dokumen asas yang diperlukan. Anda mungkin diperlukan mengemukakan dokumen-dokumen / maklumat- maklumat lain untuk membuktikan tuntutan anda.

<p>1.1 Electronic Fund Transfer Fraud / 1.2 Online Retail Fraud / 1.3 Identity Theft <i>1.1 Penipuan Pindahan Dana Elektronik / 1.2 Penipuan Runcit Dalam Talian / 1.3 Kecurian Identiti</i></p> <p>1. Email or record of conversations / transactions with the seller, platform, plastic card provider, bank etc / E-mel atau rekod perbualan / transaksi dengan penjual, platform, pembekal kad plastik, bank dan lain-lain.</p> <p>2. Police Reports, Plastic card issuer reports, platform reports etc / Laporan Polis, laporan daripada pembekal kad plastik, laporan platform dan lain-lain.</p> <p>3. Bank / Account statement to show the unauthorised transaction and ownership of the account / Penyata bank / akaun yang menunjukkan pemilikan akaun dan transaksi tanpa kebenaran.</p> <p>1.4 Cyber Bullying / 1.4 Buli Siber</p> <p>1. Conversations, recordings, images and videos related to the cyberbullying incident / Perbualan, rakaman, imej dan video berkaitan insiden buli siber.</p> <p>2. Police reports, MCMC reports, Cyber999 Reports / Laporan polis, laporan MCMC, Laporan Cyber999.</p> <p>3. Evidence of involvement in a cyberbullying incident i.e. material posted online by a third party that causes you embarrassment, humiliation or distress / Bukti penglibatan dalam insiden buli siber, iaitu bahan yang disiarkan dalam talian oleh pihak ketiga yang menyebabkan anda malu, terhina atau tertekan.</p> <p>4. Reports of psychological consultation and receipts, receipts of relocation costs, online reputation restoration and legal fee / Laporan psikologi dan resit, resit kos penempatan semula, pemulihan dalam talian dan yuran guaman.</p> <p>1.5 E-Commerce Purchase Protection / 1.5 Perlindungan Pembelian e-Dagang</p> <p>1. Email or record of conversations / transactions with the seller, platform etc / E-mel atau rekod perbualan / transaksi dengan penjual, platform dan lain-lain.</p> <p>2. Police Reports, platform reports etc / Laporan Polis, laporan platform dan lain-lain</p> <p>3. Purchase records, delivery tracking records, documents related to the purchase that can prove that the transaction has taken place and a cyber incident has happened / Rekod pembelian, rekod pengesanan penghantaran, apa-apa dokumen yang berkaitan dengan pembelian yang boleh membuktikan bahawa transaksi telah berlaku dan kejadian siber telah berlaku.</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 pemrosesan; pemrosesan 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, pembedulan 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 pembedulan 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/We hereby declare the foregoing particulars to be true in every respect and that I/we have no other insurance indemnifying me/us in respect of this accident. 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 segala butiran di atas adalah benar mengenai setiap hal dan saya/kami tidak mempunyai insurans lain yang memberi tanggungan kepada saya/kami berhubung dengan kemalangan ini. 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 mengisi borang ini dan kenyataannya adalah terikat ke atas saya/kami.

I/We also agree that if I/we have made, or in any further declaration the company require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all recovery thereunder in respect of past or future accident shall be forfeited.

Saya/Kami juga setuju bahawa jika saya/kami telah membuat kenyataan palsu atau tidak benar, atau apa-apa penyekatan atau penyembunyian dalam pengakuan lanjut yang syarikat perlukan berhubung dengan kemalangan tersebut, polisi ini akan terbatal dan semua bayaran balik di bawah peruntukan ini berhubung dengan kemalangan yang lampau atau yang akan datang akan dilucutkan hak.

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Signature of Insured

Tandatangan orang yang diinsuranskan

Name: Nama:

NRIC No.:

No. Kad Pengenalan:

(If company, endorse company stamp)

Date:

Tarikh: