

**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**

**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:* \_\_\_\_\_

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

**i. Name of Assured:**

*Nama Pemegang Polisi:* \_\_\_\_\_

**ii. NRIC**

*No. Kad Pengenalan :* \_\_\_\_\_

**Birth Certificate / Passport No.:**

*No. Sijil Beranak / Paspot:* \_\_\_\_\_

**iii. 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?**  **Yes**  **No**  
Adakah terlibat melakukan tugas kasar?  Ya  Tidak

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**5. Particulars of Accident** **DD** **MM** **YY** **at** **am/pm**  
*Butir tentang kemalangan* *HH* *BB* *TT* *pada* *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?* \_\_\_\_\_

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**6.**

<b>Name and address of doctors who treated you for the injury</b> <i>Nama dan alamat doktor yang merawat kecederaan anda</i>	<b>Date of Consultation</b> <i>Tarikh rawatan</i>	<b>Date of admission (if any)</b> <i>Tarikh kemasukan wad (jika ada)</i>
i.		
ii.		
iii.		

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**7. Date first day absents from work:**  
*Tarikh hari pertama tidak hadir di tempat kerja:* \_\_\_\_\_

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**8. Date of return to work:**  
*Tarikh mula bekerja semula:* \_\_\_\_\_

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**9. Other coverage / Lain-lain Pelindungan**

**Are you presently insured for accidental benefits, under any government law programme, benefits scheme or any other insurance policy?**  
*Adakah anda ketika ini dibawah perlindungan insurans bagi faedah kemalangan, di bawah sebarang program/undang-undang kerajaan, skim faedah atau sebarang polisi insurans lain?*

**Yes**  **No**  
*Ya* *Tidak*

**If Yes, please give the following details:**  
*Jika ada, sila nyatakan butir yang selanjutnya:*

i. <b>Name of Company / Program</b> <i>Nama dan Syarikat/Program</i>			
ii. <b>Policy / Membership No.</b> <i>No. Polisi/Keahlian</i>			
iii. <b>Amount of benefit</b> <i>Amaun Faedah</i>			

<p><b>10. Considering the nature and extent of injuries sustained, were you able to perform your duties of employment? If no, please state:</b>  <i>Memandangkan jenis dan setakatnya kecederaan yang dialami, adakah anda masih boleh melakukan tugas pekerjaan? Jika tidak, sila beritahu:</i></p> <p><b>(a) Period you were temporarily, totally and continuously disabled with medical certificates.</b>  <i>Tempoh anda mengalami ketidakupayaan sementara, keseluruhan dan berterusan dan mempunyai sijil perubatan.</i></p> <p><b>(b) Period you were temporarily partially disabled with light duty medical certificates.</b>  <i>Tempoh anda mengalami ketidakupayaan sebahagian sementara saja dan mempunyai sijil perubatan tugas ringan.</i></p> <p><b>(c) Are you able to report for duty</b>  <i>Boleh melaporkan diri untu bekerja</i></p> <p><b>(d) Date of recovery</b>  <i>Tarikh sembuh</i></p>	<p><input type="checkbox"/> <b>Yes / Ya</b>    <input type="checkbox"/> <b>No / Tidak</b></p> <p><b>(a) From</b> _____ <b>To</b> _____  <i>Dari..... Ke.....</i></p> <p><b>(b) From</b> _____ <b>To</b> _____  <i>Dari..... Ke.....</i></p> <p><b>(c) <input type="checkbox"/> Yes / Ya    <input type="checkbox"/> No / Tidak</b></p> <p><b>(d) On</b>  <i>Pada .....</i></p>
<p><b>11. Have you ever had an injury to the same part before?</b>  <i>Pernahkah anda mengalami kecederaan di tempat yang sama?</i></p> <p>.....</p> <p><b>12. Were you in good health and free from physical defect or infirmity at the time of the accident?</b>  <i>Adakah anda berada di dalam keadaan sihat dan bebas daripada kecacatan fizikal atau keuzuran pada masa kemalangan?</i></p> <p>.....</p> <p><b>13. When did you last receive medical treatment before the accident mentioned above? Please state nature of complaint.</b>  <i>Bilakah kali terakhir anda menerima rawatan perubatan sebelum kemalangan di atas berlaku? Sila nyatakan jenis aduan.</i></p> <p>.....</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](http://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](mailto: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](http://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](http://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, 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](mailto: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](mailto: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 authorise my/our attending physician to release any medical information necessary to process this claim./ Saya/Kami dengan ini membenarkan doktor yang memberi rawatan ini mengeluarkan sebarang maklumat kesihatan yang berkaitan dengan proses tuntutan ini.

I/We, the undersigned(s) hereby irrevocably authorize any organization, institution, or individual that has any records or knowledge of my/our health and medical history or treatment or advise and that has been or may hereafter be consulted to disclose to The Pacific Insurance Berhad or its representative such information./ Saya/Kami yang bertandatangan di bawah, dengan ini membenarkan mana-mana organisasi, institusi, atau individu yang mempunyai sebarang rekod atau pengetahuan tentang kesihatan dan latar belakang perubatan atau rawatan atau nasihat perubatan saya/kami, dan telah atau mungkin kemudian dari ini dirujuk untuk mendedahkan segala maklumat tersebut kepada The Pacific Insurance Berhad atau wakilnya.

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**

**SECTION A: DETAILS OF PATIENT / BAHAGIAN A: BUTIR-BUTIR PESAKIT**

<b>1) Name of patient:</b> <i>Nama Pesakit:</i> .....
<b>2) NRIC :</b> <i>No. Kad Pengenalan :</i> .....
<b>3) Birth Certificate:</b> <i>Sijil Beranak:</i> .....
<b>4) Age:</b> <i>Umur:</i> .....
<b>5) (a) Occupation:</b> <i>Pekerjaan:</i> ..... <b>(b) Nature of occupational duties:</b> <i>Sifat tugas pekerjaan</i> .....

**SECTION B: PARTICULARS OF ACCIDENT & INJURY / BAHAGIAN B: BUTIR-BUTIR KEMALANGAN & KECEDERAAN**

<b>6) Date &amp; time of accident:</b> <i>Tarikh &amp; masa kemalangan:</i> .....
<b>7) (a) Date &amp; time of first consultation:</b> <i>Tarikh &amp; masa rawatan pertama:</i> ..... <b>(b) Are you his usual Medical doctor?</b> <i>Adakah anda doktor perubatan kebiasaannya?</i> .....

**8) (a) Describe in detail the nature of accident as related to you by the patient:**

*Terangkan secara terperinci jenis kemalangan seperti yang telah dinyatakan oleh pesakit:*

.....

**INJURY DETAILS – NON FRACTURE / BUTIR-BUTIR KECEDERAAN BUKAN PATAH TULANG**

**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 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).*

Site <i>Bahagian</i>	Type of EXTERNAL, VISIBLE INJURY <i>Jenis Kecederaan Luaran</i>	Complications (if any) <i>Jenis komplikasi</i>

**(b) 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.*

Site <i>Bahagian</i>	Type of INTERNAL INJURY <i>Jenis Kecederaan Dalaman</i>	Complications (if any) <i>Jenis komplikasi</i>

**INJURY DETAILS – FRACTURE / BUTIR-BUTIR KECEDERAAN PATAH TULANG**

**10) Location & Type of Fracture / Lokasi & jenis patah**

Site <i>Bahagian</i>	Type of FRACTURE <i>Jenis Patah</i>	Complications (if any) <i>Jenis komplikasi</i>

**INJURY DETAILS – AMPUTATION / BUTIR-BUTIR KECEDERAAN AMPUTASI**

**11) Please provide details / Sila nyatakan butiran.**

Site <i>Bahagian</i>	Extent <i>Tahap amputasi</i>	Complications (if any) <i>Jenis komplikasi</i>

**12) Are the current bodily injuries consistent with the nature of the accident?**

Yes / Ya

No / Tidak

*Adakah kecederaan sepalan dengan keadaan kemalangan yang dinyatakan oleh pesakit?*

**If no, are they traceable to any pre-existing condition, previous injuries not related to this accident or any cause known to you? (Please specify).**

*Jika tidak, adakah mereka dapat dikesan dengan keadaan yang sedia ada, kecederaan sebelumnya yang tidak berkaitan dengan kemalangan ini atau sebab-sebab yang diketahui oleh anda? (Sila jelaskan).*

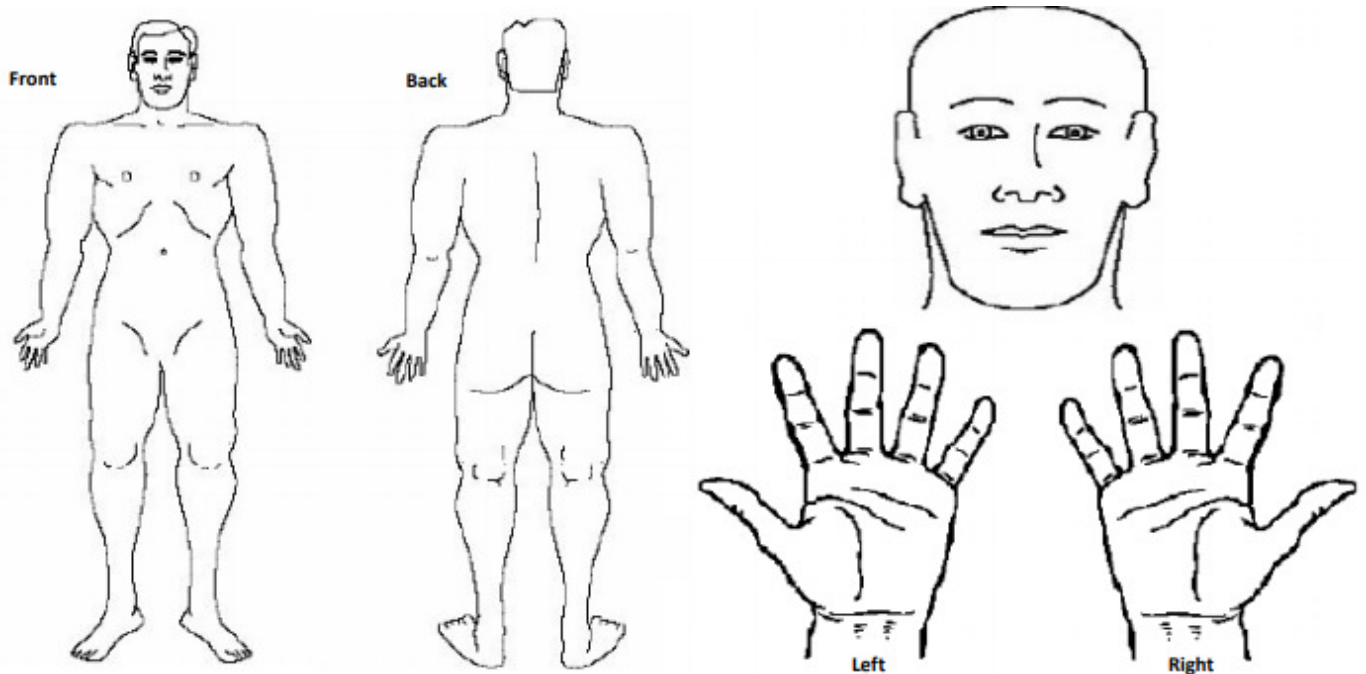
.....

.....

.....

.....

**13) Please illustrate the injuries in the following diagram. / Sila gambarkan kecederaan dalam rajah berikut:**





**14) 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?*

.....  
.....

**SECTION C: DETAILS OF TREATMENT / BAHAGIAN C: BUTIRAN RAWATAN**

**15) Please state full details of all treatment provided including follow up (from accident date until injuries have healed).**

*Sila nyatakan rawatan yang diberikan termasuk rawatan lanjutan (dari hari kemalangan hingga kecederaan pulih).*

<b>Date of consultation</b> <i>Tarikh rawatan</i>	<b>Details of Physical Injuries</b> <i>Butiran kecederaan fizikal</i>	<b>Type of Treatment</b> <i>Jenis rawatan</i>	<b>Healing Progress</b> <i>Kadar sembuh</i>

**16) (a) Last date of consultation**

*Tarikh akhir rawatan: .....*

**(b) Describe the condition and function of injured part on last consultation date:**

*Keadaan anggota yang cedera pada hari akhir rawatan:*

.....  
.....

**17) Did the injuries require Hospitalisation / Adakah kecederaan tersebut memerlukan kemasukan hospital?**

**Yes / Ya**       **No / Tidak**

**If yes, please state full details. / Jika benar, sila nyatakan butiran.**

<b>Hospital Name</b> <i>Nama Hospital</i>	<b>Date of Admission</b> <i>Tarikh masuk</i>	<b>Date of Discharge</b> <i>Tarikh discaj</i>	<b>Treatment Performed (Surgery, Diagnostic Procedures or others)</b> <i>Jenis Rawatan (Pembedahan, prosedur diagnostic dan lain-lain)</i>	<b>Healing Progress</b> <i>Kadar sembuh</i>



**b) Dressing - putting on and taking off all necessary items of clothing without requiring assistance from another person.**  
*Berpakaian - berkeupayaan untuk memakai dan menanggalkan pakaian yang perlu tanpa memerlukan bantuan orang lain.*

Yes / Ya       No / Tidak

Remarks/Catatan: .....

**c) Contenance - the ability to voluntarily control bowel and bladder functions such as to maintain a satisfactory level of personal hygiene.**  
*Buang air/penggunaan tandas - berkeupayaan untuk mengawal fungsi sistem pembuangan air besar dan kecil secara semulajadi untuk menjaga kebersihan diri.*

Yes / Ya       No / Tidak

Remarks/Catatan: .....

**d) Mobility - the ability to move from room to room without requiring any physical assistance.**  
*Pergerakan - berkeupayaan untuk bergerak dari bilik ke bilik tanpa memerlukan sebarang bantuan fizikal.*

Yes / Ya       No / Tidak

Remarks/Catatan: .....

**e) Eating - all tasks of getting food into the body once it has been prepared.**  
*Makan - semua usaha untuk memasukkan makanan yang telah disediakan ke dalam tubuh badan.*

Yes / Ya       No / Tidak

Remarks/Catatan: .....

**f) Transfer - getting in and out of a chair without requiring physical assistance.**  
*Pengalihan - berkeupayaan untuk bangun dan duduk dari kerusi tanpa memerlukan bantuan fizikal.*

Yes / Ya       No / Tidak

Remarks/Catatan: .....

**SECTION E: MEDICAL HISTORY / SEJARAH PERUBATAN**

**22) 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?*

.....  
.....

**23) 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.*

.....  
.....

**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*

.....  
**Date**

*Tarikh*

.....  
**Name & Address of Hospital / Clinic**

*Nama & Alamat Hospital / Klinik*