



A member of the Fairfax Group

The Pacific Insurance Bhd (91603-K)

太平保險有限公司

40-01, Q Sentral 2A, Jalan Stesen Sentral 2, Kuala Lumpur Sentral

P.O. Box 12490, 50470 Kuala Lumpur, Malaysia.

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Website: www.pacificinsurance.com.my

HEADMASTER'S REPORT ON STUDENT'S ACCIDENT CLAIM
LAPORAN GURUBESAR BAGI TUNTUTAN KEMALANGAN DIRI PENUNTUT

Name of Insured:

Nama Orang yang diinsuranskan:

Claim No.:

No. Tuntutan:

Agency:

Agensi:

Policy No.:

No Polisi:

Are you a GST Registrant?

Adakah anda pendaftar Cukai Barang & Perkhidmatan?

Yes / Ya checkbox

Yes / Ya

No / Tidak checkbox

No / Tidak

If yes, please state the following:-

Jika ya, sila nyatakan yang berikut :

Registration No.:

No Pendaftaran:

Date Registered:

Tarikh Pendaftaran:

Name of Student:

Nama Pelajar:

NRIC No: Old:-

No. Kad Pengenalan Lama:

New:-

Baru:

Standard / Form:

Darjah / Tingkatan:

Age:

Umur:

Date of Accident:

Tarikh Kemalangan:

Number of days absent:

Berapa hari tidak hadir ke sekolah:

Nature of Claim: Death / Permanent Total Disablement / Cash Allowance / Medical Expenses Reimbursement

Jenis Tuntutan: Kematian / Hilang Upaya Kekal / Alaun Tunai / Bayaran Balik Perbelanjaan Perubatan

Circumstances of accident:

Keadaan Kemalangan:

Nature of injuries:

Jenis Kecederaan:

Medical Expenses Incurred

Perbelanjaan Perubatan yang ditanggung

RM

Name of Hospital:

Nama Hospital:

Date of Admission:

Tarikh Masuk:

Date of Discharge:

Tarikh Keluar:

Name, IC No. and Address of parent:

Nama, K/P dan Alamat Ibu/Bapa Penjaga:

**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:**

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](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 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](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 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](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.

Telephone No.:  
No. Telefon: .....

.....  
**Signature and Cop**  
Tandatangan dan Cop

School Telephone No.:  
No. Telefon Sekolah: .....

.....  
**Headmaster**  
Guru Besar

- NB:**
1. **Reimbursement of medical expenses incurred will be made only if supported by Original Medical Medical Receipts from recognised hospital or any registered medical practitioners.**  
*Pembayaran balik perbelanjaan perubatan yang ditanggung akan dibuat hanya apabila disokong oleh resit asal daripada hospital yang diiktiraf atau dari mana pengamal perubatan berdaftar.*
  2. **Cash allowance for each day of confinement at a Malaysian Government Hospital will be paid if supported by ORIGINAL DISCHARGE NOTE.**  
*Alaun tunai bagi setiap hari tinggal di Hospital Kerajaan akan dibayar apabila disokong oleh NOTA KELUAR HOSPITAL YANG ASAL.*

**“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