

TRAVEL INSURANCE CLAIM FORM
BORANG TUNTUTAN INSURANS PERJALANAN

To be completed by the Insured/Claimant
Perlu dilengkapkan oleh Pemegang Polisi / Pihak Yang Menuntut
No Liability Is Admitted By Issuing This Form
Tiada tanggungan diakui dengan pengeluaran borang ini

DETAILS OF POLICY

Butir-butir Polisi

Policy No. <i>No Polisi</i>	
Name of Policyholder <i>Nama Pemegang Polisi</i>	
Travel Period <i>Tempoh Perjalanan</i>	From <i>Dari:</i> _____ To <i>Hingga:</i> _____
Destination(s) <i>Destinasi</i>	
Are you a GST registered person? <i>Adakah anda mendaftar untuk GST?</i>	<input type="checkbox"/> Yes <i>Ya</i> <input type="checkbox"/> No <i>Tidak</i>
If Yes, Please provide <i>Jika Ya, sila nyatakan</i>	
GST Registration No. <i>No Pendaftaran GST</i>	
GST Registration Date <i>Tarikh Pendaftaran GST</i>	

DETAILS OF INSURED

Butir-butir Hayat Yang Dilindungi

Name of Insured <i>Nama Pemegang Polisi</i>	
NRIC/Passport/Birth Certificate No. <i>No Kad Pengenalan/Pasport/Sijil Lahir</i>	
Contact No. <i>No Telefon</i>	
Correspondence Address <i>Alamat Surat Menyurat</i>	
Insured's Email Address <i>Email Pemegang Polisi</i>	

DETAILS OF LOSS

Butir-butir Tuntutan/Kehilangan

Type of Loss(es) <i>Jenis-jenis Tuntutan</i>	Accidental Death <i>Kematian akibat kemalangan</i>	Medical & Other Expenses <i>Perbelanjaan Perubatan & Perbelanjaan Lain</i>
	Travel Delay <i>Penangguhan Perjalanan</i>	Travel Misconnection <i>Kegagalan Menyambung Perjalanan</i>
	Travel Overbooked <i>Tempahan Perjalanan Terlebih Masa</i>	Loss of Deposit/Trip Cancellation <i>Kehilangan Deposit/Pembatalan Perjalanan</i>
	Others <i>Lain-lain</i> (_____)	
Date & Time of Loss(es) <i>Tarikh & Masa Kehilangan</i>	Date <i>Tarikh:</i> _____	Time <i>Masa:</i> _____
Description of Loss(es) <i>Butir-butir Tuntutan</i>		
Claims Amount (RM) <i>Jumlah Tuntutan (RM)</i>		
Do you have other insurance covering the above loss(es)? <i>Adakah anda dilindungi oleh insurans yang lain untuk tuntutan yang sama</i>	<input type="checkbox"/> Yes <i>Ya</i> <input type="checkbox"/> No <i>Tidak</i>	
If Yes, please provide details: <i>Jika Ya, sila nyatakan</i>	Insurance Company <i>Syarikat Insurans:</i> _____ Policy No. <i>No Polisi:</i> _____	

Below are the basic documents needed. In certain circumstances, you may be required to submit more documents/information to substantiate your claim

Type of Loss (Jenis-jenis Tuntutan)	Documents Required (Please tick against the documents you have submitted)
Documents for all types <i>Untuk semua jenis tuntutan</i>	<input type="checkbox"/> Original completed travel claim form <i>Borang tuntutan Insurans Perjalanan asal yang lengkap</i> <input type="checkbox"/> Proof of travel (e.g. Original boarding pass or Air Tickets) <i>Bukti perjalanan (e.g. Pas perlepasan atau Tiket Penerbangan yang asal)</i>
(plus) as applicable below <i>(termasuk) seperti di bawah, yang mana berkenaan</i>	
Accidental Death or Permanent Disablement <i>Kematian Akibat Kemalangan atau Hilang Upaya Kekal</i>	<input type="checkbox"/> Medical report from the attending doctor abroad <i>Laporan perubatan doktor yang merawat di luar negara</i> <input type="checkbox"/> Death Certificate <i>Sijil Kematian</i> <input type="checkbox"/> Post Mortem report <i>Laporan Post Mortem</i> <input type="checkbox"/> Police Report <i>Laporan Polis</i>
Medical & Other Expenses <i>Perubatan & Lain-lain Perbelanjaan</i>	<input type="checkbox"/> Medical report from the attending doctor abroad <i>Laporan perubatan doktor yang merawat di luar negara</i> <input type="checkbox"/> All original medical invoices and receipts <i>Salinan asal invois and resit perubatan</i> <input type="checkbox"/> Admission/Discharge Report <i>Laporan Kemasukan/Discaj</i> <input type="checkbox"/> Original receipts for additional expenses claimed for additional travel and accommodation <i>Resit asal perbelanjaan tambahan untuk perjalanan dan penginapan tambahan yang dituntut</i> <input type="checkbox"/> Regular doctor's report on medical history <i>Laporan perubatan doktor berkenaan sejarah perubatan</i>
Personal Property <i>Harta Persendirian</i>	
a) Loss and/or Damage of Personal Baggage & Personal Effects <i>Kehilangan dan/atau Kerosakan Bagasi & Barangan Peribadi</i>	<input type="checkbox"/> Property Irregularity Report from Airline or damaged report issued by airlines, carrier, hotel manager, stated detail of loss or damage and their expenses – if any <i>Laporan Kerosakan Harta dari Syarikat Penerbangan atau Laporan Kerosakan tentang kehilangan dan tahap kerosakan dan perbelanjaan yang dikeluarkan oleh syarikat penerbangan, syarikat pengangkutan, pengurus hotel, sekiranya ada</i> <input type="checkbox"/> Documentation of carrier's settlement/rejection of claim for loss of property <i>Dokumentasi penyelesaian/penolakan tuntutan untuk kehilangan harta benda oleh syarikat penerbangan</i> <input type="checkbox"/> Policy Report lodged at place of incident within 24 hours and detailing the circumstances and list of items stolen <i>Laporan Polis yang dilapor di tempat insiden yang memperincikan tentang kejadian dan senarai barang yang dicuri dalam tempoh 24 jam</i> <input type="checkbox"/> Purchase receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase <i>Resit asal belian semua barang yang dituntut. Sekiranya tidak ada, sila terangkan mengenai barangan, tarikh, tempat dan harga belian</i> <input type="checkbox"/> Photographs to show extent of damage and original repair invoices <i>Foto-foto yang menunjukkan tahap kerosakan dan resit pembaikan asal</i>
b) Baggage Delayed <i>Kelewatan Begasi</i>	<input type="checkbox"/> Delayed Baggage report from the Airline <i>Laporan dari Syarikat Penerbangan tentang kelewatan begasi</i> <input type="checkbox"/> A written confirmation/delivery note from the Airline on the date and time of baggage delivery <i>Surat pengesahan tentang tarikh dan masa penghantaran begasi dari Syarikat Penerbangan</i>
Loss of Deposit or Trip Cancellation <i>Kehilangan Deposit atau Pembatalan Perjalanan</i>	<input type="checkbox"/> Medical report <i>Laporan perubatan</i> <input type="checkbox"/> Death Certificate and Proof of relationship (if applicable) <i>Sijil Kematian dan Bukti Perhubungan (jika ada)</i> <input type="checkbox"/> Original receipts for payment of the tour or prepaid cost of transport cost and accomodation <i>Resit asal untuk bayaran pelancongan atau kos pangangkutan dan penginapan yang telah dibayar</i> <input type="checkbox"/> Tour operator's booking and cancellation/refund invoices, terms & conditon <i>Invois Pengendali Pelancongan untuk tempahan dan pembatalan/bayaran balik serta terma & syarat</i>
Trip Curtailment <i>Pemendekan Perjalanan</i>	<input type="checkbox"/> Medical report <i>Laporan perubatan</i> <input type="checkbox"/> Death Certificate & Proof of relationship (if applicable) <i>Sijil Kematian & Bukti Perhubungan (jika ada)</i> <input type="checkbox"/> Original receipts for payment of the tour or prepaid cost of transport cost and accomodation <i>Resit asal untuk bayaran pelancongan atau kos pangangkutan dan penginapan yang telah dibayar</i> <input type="checkbox"/> A written confirmation from the attending doctor abroad that it is necessary to return home – if due to hijacking or natural disaster, written confirmation from tour operator concerned confirming the incident <i>Pengesahan bertulis dari doktor di luar negara sekiranya perlu untuk pulang ke Malaysia – pengesahan bertulis pengendali pelancongan diperlukan sekiranya insiden disebabkan oleh rampasan atau bencana alam</i> <input type="checkbox"/> Boarding pass to confirm the actual date of arrival back to Malaysia <i>Pas perlepasan yang mengesahkan tarikh sebenar penerbangan pulang ke Malaysia</i>
Travel Delay <i>Kelewatan Perjalanan</i>	<input type="checkbox"/> A written confirmation or Report from Airline on duration of delay and reason <i>Pengesahan bertulis atau Laporan tentang sebab dan tempoh kelewatan dari Syarikat Penerbangan</i> <input type="checkbox"/> Original receipts for payment of the tour if claiming <i>Salinan resit asal untuk bayaran lawatan jika dituntut</i>
Flight misconnection or Travel Overbooked <i>Kegagalan Menyambung Perjalanan</i>	<input type="checkbox"/> A written confirmation from Airline confirming the overbooked or misconnection flight details and when the next alternative transportation is made available <i>Pengesahan bertulis berkenaan Tempahan Perjalanan Terlebih Masa atau Kegagalan Menyambung Perjalanan dan penerbangan alternatif yang disediakan sebagai gantian oleh Syarikat Penerbangan</i>

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			
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 :	<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.

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

<i>For internal Office use only:</i>			
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, 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, 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 mengaku bahawa segala maklumat yang telah diberikan diatas, adalah yang sebenarnya, dan bersetuju bahawa segala tuntutan saya akan ditolak/dibatalkan oleh syarikat insurans sekiranya maklumat yang telah diberikan atau yang akan dikemukakan kemudian didapati palsu atau tidak benar*

Signature of Insured:
Tandatangan Pemegang Polisi

Name *Nama:*

NRIC/Passport No.:
No Kad Pengenalan/Passpot
(If company, endorse company stamp)
(Sila endos cop syarikat, jika yang menuntut adalah syarikat)

Date *Tarikh:*

“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