

WORKMEN'S COMPENSATION / EMPLOYER'S LIABILITY INSURANCE - REPORT OF ACCIDENT
INSURAN PAMPASAN PEKERJA / MAJIKAN - LAPORAN KEMALANGAN

Answering these questions does not imply that the injured person is making, or will make a claim and this form is sent without prejudice to the terms and conditions of Policy.

Dengan menjawab soalan ini tidak bermakna orang yang cedera sedang membuat atau akan membuat tuntutan dan borang ini dihantar tanpa prasangka terhadap kandungannya dan syarat-syarat polisi.

Note: If any detail of information is not readily available, please forward this form without delay and advise the missing details as soon as possible. All written communications should be forwarded to the Company.

Nota: Sekiranya butir-butir maklumat masih tidak dapat dilengkapkan sila kemukakan borang ini tanpa sebarang kelewatan dan sila lengkapkan butir-butir yang tertinggal dengan secepat yang mungkin. Semua keterangan bertulis hendaklah dikemukakan kepada syarikat.

Agency: Agensi:	
Claim No.: No. Tuntutan:	
Policy No.: No. Polisi:	
The Employer: Majikan:	
1. Name of Policyholder: Name Pemegang Polisi:	
2. NRIC No.: Nombor Kad Pengenalan	/Old:-Lama /New:-Baru
3. Business: Pekerjaan:	
The injured person Orang yang tercedera	
1. Name: Name: Age: Umur: Sex: Jantina:	
2. Nationality: Kerakyatan:	Race: Bangsa:
3. Local Address: Alamat Tempatan:	
4. Telephone No.: No. Telefon:	
5. Domicile: Tempat Tinggal (Negeri):	
6. State occupation in which the injured person is employed. Nyatakan pekerjaan di mana orang yang tercedera itu bekerja.	
7. Was the injured person engaged in this occupation when the accident occurred? Adakah orang yang tercedera itu telah bertugas dalam pekerjaan ini semasa berlaku kemalangan itu?	

<p>8. Is the injured person in your direct employ? If not give name and address of Contractor. <i>Adakah orang yang tercedera itu bekerja di bawah anda? Jika tidak, beri nama dan alamat kontraktor.</i></p>	
<p>9. When did the injured person enter your service? <i>Bilakah orang yang tercedera itu mula bekerja dengan anda?</i></p>	
<p>10. Name of hospital taken to. <i>Nama rumah sakit yang dimasuki.</i></p> <p>In or out-patient. <i>Pesakit dalam atau pesakit luar.</i></p> <p>State whether still in hospital, or when discharged. <i>Nyatakan samada masih di rumah sakit atau bila keluar.</i></p>	
<p>11. Has the injured person been medically examined? If so, please send report. If not, was free medical examination offered? <i>Sudahkah orang yang tercedera itu diperiksa oleh doktor? Jika sudah, tolong kirimkan laporannya. Jika belum, adakah ditawarkan pemeriksaan doktor itu dengan percuma?</i></p>	
<p>12. State whether returned to work, and if so, when? <i>Nyatakan samada sudah kembali bekerja, dan jika sudah, bila masanya?</i></p>	
<p>13. Are you satisfied the injured person has met with a bonafide accident (arising out of his employment)? <i>Adakah anda berpuas hati bahawa orang yang tercedera itu menemui kemalangan secara kejujuran (bonafide) iaitu terbit daripada pekerjaan?</i></p>	
<p>14. Is the injured person able to do partial work? <i>Bolehkah orang yang tercedera itu membuat sebahagian pekerjaan?</i></p>	
<p>15. If so, what wages were paid for the part time work? <i>Jika ya, berapakah nilai gaji dibayar untuk kerja-kerja sambilan itu?</i></p>	
<p>16. What is the probable period of disablement (approximate) <i>Berapa lamakah tempoh hilang upayanya (lebih kurang)</i></p>	
<p>The accident <i>Kemalangan</i></p>	
<p>1. Date Time Place <i>Tarikh Waktu Tempat</i></p>	
<p>2. Upon what date did you receive notice of accident and from whom? If in writing please attach it to this form. <i>Masa bilakah anda menerima notis kemalangan dan daripada siapa? Jika notis bertulis tolong lampirkan bersama borang ini.</i></p>	
<p>3. On what date did the injured person actually cease work? <i>Berapa haribulankah orang yang tercedera itu sebenarnya berhenti kerja?</i></p>	
<p>4. If accident was due to machinery or gearing please state: <i>Jika kemalangan disebabkan oleh jentera atau gear tolong nyatakan:</i></p> <p>Whether it was fenced or guarded. <i>a) Samada jentera/gear itu dipagar atau diadang.</i></p> <p>Was it being cleaned whilst in motion? <i>b) Adakah dibersihkan tatkala ia sedang bergerak?</i></p>	
<p>5. What was the general nature of the contractor or work going on? <i>Adakah jenis kontrak atau kerja am yang sedang dilaksanakan?</i></p>	
<p>6. State nature of injury. <i>Nyatakankah jenis kecederaan.</i></p>	
<p>7. State right or left side. <i>Nyatakankah sebelah kanan atau kiri.</i></p>	

<p>8. Was the injured person under the influence of alcohol or drugs at the time of the accident? <i>Adakah orang yang tercedera itu akibat daripada minum keras atau dadah pada masa berlaku kemalangan itu?</i></p>	
<p>9. Was the guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars. <i>Adakah ia bersalah daripada sebarang salahlaku atau keingkaran terhadap perintah atau peraturan? Jika ada, tolong sebutkan butir-butir kenyataan penuh.</i></p>	
<p>10. State the names of any person who witnessed the accident. <i>Nyatakan nama-nama orang yang telah menyaksikan kemalangan itu.</i></p>	
<p>11. Has the accident been reported to the Commissioner of Police or Commissioner for Labour? State when and where. <i>Sudahkah kemalangan itu dilaporkan kepada Pesuruhjaya Polis atau Pesuruhjaya Buruh? Nyatakan bila dan di mana.</i></p>	
<p>12. If not taken to hospital, state whether being medically attended and if so by whom? <i>Sekiranya tidak dibawa ke hospital, sila nyatakan sama ada rawatan diberi dan jika ya, oleh siapa?</i></p>	
<p>13. Was the accident due to: <i>Adakah kemalangan disebabkan oleh:</i></p> <p>Any defect in the premises or plant. <i>a) Sebarang kerosakan di dalam premises atau kilang.</i></p> <p>Any default or neglect on the part of the employer, of any other employees or of the injured person. <i>b) Sebarang kemungkinan atau kecuiaan bagi pihak majikan, atau pekerja yang lain atau orang yang tercedera.</i></p>	
<p>14. Was the accident due to the lack of non-use of guarding or safety equipment? <i>Adakah kemalangan itu disebabkan oleh kekurangan atau tidak ada pengawasan atau peralatan keselamatan?</i></p>	
<p>15. What was the general nature of the contract or work going on? <i>Apakah jenis kontrak atau kerja yang sedang dijalankan?</i></p>	
<p>Additional particulars for FATAL CASES only. <i>Butir-butir Kenyataan tambahan bagi PEKERJA MAUT sahaja.</i></p>	
<p>1. Has the deceased any dependants? State names, addresses and relationship. (If dependents are employed, please give particulars). <i>Adakah simati mempunyai sebarang tanggungan? Nyatakan nama, alamat dan hubungan keluarganya.</i> <i>(Jika orang yang ditanggung itu bekerja, sila sebutkan butir-butir kenyataan).</i></p>	
<p>If connection with Fatal Cases please forward a copy of Police Report together with a copy of the Death Certificate or Permit to Bury. <i>Berhubung dengan Perkara-perkara Maut, sila kemukakan satu salinan Laporan Polis bersama-sama dengan satu salinan Perakuan Mati atau Permit Perkuburan.</i></p>	

Statement of Wages which have fallen due to payment to in the employ of for 12 months prior to the date of this Accident, or wages earned during such shorter period as he may have been in the Employer's Service, stating the date on which he was engaged.

Pernyataan Gaji yang kena dibayar kepada yang bekerja sebagai selama 12 bulan sebelum tarikh berlaku kemalangan ini atau gaji yang diperolehi dalam masa tempoh yang lebih pendek yang mungkin ia telah bekerja dalam Perkhidmatan Majikan dengan menyatakan tarikh ia mula diambil pekerja.

[Note - The object of this form is to ascertain the exact Monthly earnings of the injured person. It is essential that it should be carefully and correctly filled in. If the injured person has been absent from work at any time during the period of this employment, please state the period and the cause.]

[Peringatan - Tujuan borang ini ialah menentukan pendapatan Bulanan yang sebenar bagi orang yang tercedera, adalah mustahak bahawa borang ini hendaklah diisi dengan cermat dan betul.

Jika orang yang tercedera itu tidak bekerja pada sebarang waktu dalam masa tempoh pekerjaannya, tolong nyatakan tempoh dan sebabnya.]

Year <i>Tahun</i>	Month <i>Bulan</i>	Wages <i>Gaji</i>		Bonus, value of free quarters & any other allowances, etc. <i>Bonus, nilai rumah yang diduduki percuma, elaun dan lain-lain</i>	
		RM	Sen	RM	Sen
		Total <i>Jumlah</i>			
				Total including all allowances <i>Jumlah termasuk semua elaun</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.

New Registration 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 : 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.

I/We, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particular and details are true and correct.

Saya/Kami, mengisytiharkan bahawa kenyataan di atas adalah benar pada pengetahuan dan hemat saya/kami.

Date:

Tarikh:

.....
Signature of Insured/Employer

Tandatangan orang yang diinsuranskan/Majikan
(If company, endorse company stamp)

“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