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

DIRECTORS AND OFFICERS LIABILITY INSURANCE
INSURANS LIABILITI PENGARAH DAN PEGAWAI

CLAIM FORM / *BORANG TUNTUTAN*

1. **Important Notice** / *Notis Penting*

- **Please read this claim form fully before answering the questions.**
  Sila baca Borang Tuntutan selengkapnya sebelum menjawab soalan-soalan.
- **All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.**
  Semua soalan-soalan mesti dijawab selengkap mungkin menggunakan kertas tambahan sekiranya diperlukan dan lampirkan dokumen yang berkaitan.
- **If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.**
  Sekiranya anda mempunyai soalan-soalan berkaitan melengkap Borang Tuntutan ini, sila hubungi perunding insurans atau broker anda.
- **Please send the completed claim form, as soon as possible, to your insurance advisor or broker.**
  Sila hantar Borang Tuntutan yang telah dilengkapkan secepat mungkin ke perunding insurans atau broker anda.
- **Appointment of legal representatives should not occur without the prior consent of The Pacific Insurance Berhad.** / *Perlantikan peguam harus mendapat pesetujuan dari pihak The Pacific Insuran Berhad.*

2. **Details of Insured Corporation or Directors/Officers Giving Notification of a Claim or Circumstances That May Give Rise to a Claim** / *Maklumat syarikat yang diinsurankan atau Pengarah/Pegawai yang melaporkan tuntutan*

Full name of the insured corporation giving notification
Nama penuh syarikat yang melaporkan.

_____

Full name & position of the directors/officers giving notification.
Nama penuh dan jawatan Pengarah/Pegawai yang melaporkan.

_____

Address of the insured corporation or directors/officers giving notification.
Alamat Syarikat yang Diinsuranskan atau Pengarah/Pegawai yang melaporkan.

_____

_____

Agency / *Agensi:* _____

Policy No. / *No. Polisi:* _____

Claim No. / *No. Tuntutan:* _____

Telephone No. / *No. Telefon:* _____

Fax no. / *No. Faks:* _____

Are you a GST Registrant? ☐ **Yes** / *Ya* ☐ **No** / *Tidak*
Adakah anda pendaftar Cukai Barang & Perkhidmatan?

If yes, please state the following :-
Adakah anda pendaftar Cukai Barang & Perkhidmatan?

Registration No:
No.Pendaftaran:

Date Registered:
Tarikh Pendaftaran:

3. **Details of the Relevant Insured Person(s)** / *Maklumat Orang yang diinsurankan*

Full name and position of the insured person(s) who is/are the subject of the claim or circumstance.
Nama penuh dan jawatan orang yang diinsuranskan

_____

_____

_____

4. **Details of Claimant** / *Maklumat Pihak Yang Menuntut*

Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim upon the insured.) / *Nama penuh pihak menuntut*

_____

Address of the claimant. / *Alamat pihak yang menuntut.*

_____

_____

5. Details Of The Subject Activity */ Maklumat Aktiviti Subjek*

From what activity on the part of the insured does the claim or circumstance arise? */ Apakah aktiviti yang melibatkan orang yang diinsurankan menimbulkan tuntutan atau bakal tuntutan?*

Was the performance or undertaking of such activity evidenced in writing? If so, please attach a copy. If not, please provide relevant information. */ Adakah perlakuan atau mengambil alih aktiviti tersebut dibuktikan secara bertulis ? Jika ya, sila lampirkan salinan. Jika tidak, sila sediakan penerangan terperinci yang bersesuaian.*

When was the activity from which the claim arises or may arise performed or undertaken? */ Bilakah aktiviti yang menimbulkan atau bakal menimbulkan tuntutan dilakukan atau diambil alih?*

6. Details of Claim or Circumstance */ Maklumat Tuntutan*

What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim? */ Apakah secara tepat jenis tuntutan (ie, tuduhan pihak menuntut) atau fakta atau keadaan yang mungkin menimbulkan tuntutan?*

Have proceedings been commenced? If so, please attach a copy of the court documents. */ Adakah tindakan mahkamah diambil ? Jika ya, sila lampirkan salinan dokumen mahkamah.*

On what date did you first become aware if the claim or of the fact or circumstance? */ Bilakah tarikh pertama kali anda menyedari tuntutan tersebut atau fakta atau keadaan?*

On what date was the claim or intimation of a claim first made to you? */ Bilakah tarikh tuntutan atau pemberitahuan tuntutan pertama kali dibuat terhadap anda?*

Was the first intimation of a claim oral or in writing? If in writing please attach a copy. */ Adakah pemberitahuan pertama tuntutan dibuat secara lisan atau bertulis?*

☐ **Written** */ Bertulis* ☐ **Verbal** */ Lisan*

If oral, please give a â€œfirst personâ€ account of the conversation. */ Sekiranya lisan, sila berikan â€œorang pertamaâ€ bertanggungjawab terhadap perbualan.*

What amount, if any, is claimed?/
Berapakah jumlah dituntut, jika ada?

7. Details of Insured's Response */ Maklumat Tindakan Orang Yang Diinsurankan*

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim? */ Apakah ulasan anda dalam bertindak terhadap tuntutan atau fakta atau keadaan yang mungkin menimbulkan tuntutan?*

What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant? */ Apakah ulasan anda terhadap jumlah tuntutan dan apakah anggaran kemungkinan tanggungan kewangan terhadap pihak menuntut, jika ada?*

Have you appointed a solicitor or other lawyer to act for you? If so, what is the lawyers name, firm, address and charge out rates?

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)* :

☐ Agents	☐ Brokers	☐ Reinsurers	☐ Co-insurers	☐ Adjusters
☐ Repairers	☐ Insured	☐ Beneficiary	☐ Policyholder	☐ Solicitors
☐ Utilities	☐ Service Providers	☐ Financial Institutions	☐ 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

For internal Office use only:			
Verified By :		Dept/Branch :	
Client No :		Date :	
Financial Services			
Created By :		Verified By :	

9. Declaration */ Pengakuan*

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 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.*

I/We (print name in full) */ Saya/Kami* _____

(position) _____

Signature */ Tandatangan* **Date** */ Tarikh*

_____ _____