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.
Tel: +603 - 2633 8999 Fax: +603 - 2663 8998
Website: www.pacificinsurance.com.my

FIRE CLAIM FORM
BORANG TUNTUTAN KEBAKARAN

Claim No.:
No. Tuntutan: .....

The issue of this form is not to be taken as an admission of liability. Answer all Question fully.
Borang yang dikeluarkan ini tidak boleh dianggap sebagai pengakuan ke atas tanggungan. Jawab semua soalan dengan lengkap.

Agency:
Agensi: .....

Policy No.:
No. Polisi: .....

Name of insured:
Nama orang yang diinsuranskan: .....

.....

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

NRIC No.: Old:-
No. Kad Pengenalan Lama: .....

New:-
Baru .....

Business Address:
Alamat Perniagaan: .....

.....

Postcode:
Poskod: .....

Are you a GST Registrant?
Adakah anda pendaftar Cukai Barang & Perkhidmatan?

☐ **Yes** / *Ya* ☐ **No** / *Tidak*

If yes, please state the following :-
Jika ya, sila nyatakan yang berikut :

Registration No:
No.Pendaftaran : .....

Date Registered :
Tarikh Pendaftaran : .....

Are you a sole proprietor who purchased the policy for non-business/personal use purpose?
Adakah anda pemilik tunggal yang membeli polisi untuk kegunaan bukan perniagaan/kegunaan persendirian?

☐ **Yes** / *Ya* ☐ **No** / *Tidak*

1. Address of premises, or place, where loss or damaged occurred. **(If loss from premises state whether private house, flat, hotel, sale-shop,etc.)** *Alamat (rumah) atau tempat di mana berlaku kehilangan atau kerosakan.* *(Jika hilang dari premises, nyatakan samada rumah sendiri, rumah pangsa, hotel, kedai jualan atau lain-lain.)*	
2. Full particulars of circumstance of the loss or damage. **(Give details of articles on the other side hereof)** *Butir-butir terperinci bagaimana timbulnya kehilangan atau kerosakan tersebut.* *(Nyatakan butir-butir benda / barang-barang dimuka sebelah)*	
3. (a) Date and time when loss or damage was first discovered. *Tarikh dan waktu bila kehilangan atau kerosakan pertama kali diketahui/ditemui.*	**a)**
(b) By whom was it discovered? *Siapa yang menemui kehilangan/kerosakan ini?*	**b)**
(c) Date and time when article(s) was last seen. *Tarikh dan waktu barang/barangan tersebut terakhir dilihat.*	**c)**
(d) By whom was it last seen, and where? *Siapakah yang terakhir melihatnya dan di mana?*	**d)**

4. When were the Police notified, and at which Station? *Bilakah masanya Polis diberitahu, dan di Balai Polis yang mana?*	
5. Have you sustained loss by theft? *Adakah tuntutan kehilangan dengan sebab kecurian pernah dibuat sebelum ini?* **a) If so, when and amount claimed?** *Jika ada, bila dan jumlah tuntutan?* **b) Lost of, or damage to, any article of value from any other cause?** **(If so, please state particulars)** *Adakah kehilangan atau kerosakan sebarang benda / barang-barang yang bernilai dengan sebab-sebab yang lain?* *(Jika ada, sila nyatakan butir-butirnya)*	**a)** **b)**
6. Are you the sole proprietor/Owner of the property? If not, please state as follows: *Adakah anda satu-satunya tuan punya / pemilik harta benda tersebut? Jika tidak, sila nyatakan seperti berikut.* **a) other owner(s) / mortgaged to / others?** *Pemilik lain / gadai janji kepada / lain-lain?* **b) outstanding amount** *amaun tertunggak*	**a)** **b)**
7. a) Is the property for which you are claiming insured against Burglary, Theft, Loss or Damage, with any other company or underwriter? *Adakah hartabenda yang anda tuntut itu diinsuranskan terhadap Samun, Kecurian, Kehilangan atau Kerosakan dengan lain-lain syarikat atau penanggung insurans lain?* **b) If so, state particulars** *Jika ada, sila perihalkan*	**a)** **b)**
8. **What were the premises being used for at the date of fire/loss?** *Apakah kegunaan premises tersebut semasa kebakaran atau kehilangan berlaku?*	

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 :	

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 declare that the foregoing statements, are true to the best of my knowledge and belief; that the articles and property described on the other side hereof were stolen, lost or damaged under the circumstances above describe and that such articles and property belong to the persons, named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Saya mengaku bahawa penyataan-penyataan yang tersebut di atas adalah benar sepanjang pengetahuan dan hemat saya, bahawa barang-barang dan hartabenda yang dinyatakan di muka sebelah borang ini telah dicuri, hilang atau rosak menurut hal kejadian yang tersebut di atas, dan bahawa barang-barang dan hartabenda itu adalah dipunyai oleh orang-orang sebagaimana namanya yang tersebut iaitu tidak ada orang lain mempunyai kepentingan mengenainya samada sebagai Tuanpunya, Pemegang Gadaijanji, Pemegang Amanah atau tidak.

Date:
Tarikh: .....

Signature of Insured:
Tandatangan orang yang diinsuranskan: .....

Name : */ Nama :* .....

NRIC No : */ No. Kad Pengenalan :* .....
(If company, endorse company stamp)

PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF
SILA SEMPURNAKAN PERNYATAAN TUNTUTAN DIMUKA SEBELAH

DETAILED STATEMENT OF PROPERTY
BUTIR-BUTIR TUNTUTAN HARTA BENDA

An 'Insurance Contract' - being a contract of INDEMNITY, all claims must be based on upon actual value of the articles at the time of the Theft, Loss or Damage, but not exceeding the sums for which they are respectively Insured, due allowance being made for description for wear and tear as well as betterment.

'Kontrak Insurans' - adalah suatu kontrak GANTIRUGI, segala tuntutan mestilah berdasarkan kepada nilai sebenar bagi barang-barang / benda-benda tatkala berlaku kecurian, kehilangan dan kerosakan, tetapi tidak melebihi jumlah barang-barang / benda-benda yang diinsuranskan tiap-tiap satunya, menurut potongan disebabkan susut nilai dan lusuh serta usang, serta menurut prinsip "betterment" (kebaikan).

Full description of article *Butir-butir penuh barang / benda*	**To whom the article belonged** *Barang / benda kepunyaan siapa*	**From whom purchased or received (Name & Address)** *Dibeli/diterima daripada siapa (Nama & Alamat)*	**Date purchased or received** *Tarikh dibeli atau terima*	**Purchase Price** *Harga Kos*		**Amount claiment after deduction of depreciation/betterment** *Amaun yang dituntut setelah diambil kira susutnilai*	

Total Amount
Jumlah

RM _____