

Our Claim Ref No: _____ Date: _____

The Pacific Insurance Berhad (91603-K)
40-01, Q Sentral, 2A Jalan Stesen Sentral 2,
Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.
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Dear Sir/Madam

PRELIMINARY ADVICE OF LOSS

We regret to advise of an accident/loss reported to us and a probable claim, the particulars of which are as follows:

1. Date of Advice received : _____ From : _____
2. Policyholder : _____
Policy No : _____
Period of Insurance : _____
3. Name of Insured : _____
(Employee/Dependant)
Occupation : _____ Insured No: _____
4. Date of Admission : _____ Hospital : _____
Nature of Injury / Sickness : _____
5. Estimated Loss (RM) : _____

Completed Notice of Claim is attached / will be sent to you with further particulars in due course.

Thank you.

Yours faithfully

Name : _____

Address : _____
