Allianz General Insurance Company (Malaysia) Berhad (735426-V)

STATEMENT & PARTICULARS OF CLAIM UNDER PERSONAL ACCIDENT POLICY

PART 1 This printed form is for warded on receipt of notice of an accident and its being sent is in no way an admission of claim. the form must be completed and returned within Seven Days of Receipt even if you are still disabled.

ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND APPROPRIATELY MARKED "/" WHERE APPLICABLE.

Name of Claimant		Age	
		Sex	M ☐ F ☐
Home Address		Identity Card No:	
		Home Tel.	
Name, Address Business or Employer		Employer's Tel.	

1. Present Occupation/Type of Business : (If More Than One, Please State All)	
2. Exact nature of occupational duties :	
3. a. Did you submit a medical leave certificate to your employer? b. Was a police report lodged?	(a) ☐ Yes, sick chits attached. ☐ No (b) ☐ Yes, police report attached. ☐ No
4. Date, time and place of accident :	
5. Describe in detail how the accident occurred.	
6. Describe in detail the injuries sustained, indicating the part of the body injured and the type of injury (eg. fracture, cut, bruise, etc.)	
7. Please give name and address of any person(s) who witnessed the accident.	

8. Name and address of Doctor(s) who treated you for the injury : Date Consulted :
   (a)
   (b)
   (c)

9. Details of hospitalisation. (Please Attach Discharge Note) (a) Name of Hospital (b) Period of Hospitalisation	(a) (b) From To
10. State the date you last worked prior to disability.	
11. State the date you returned to work.	
12. State the date you expect to return to work if you have not already done so.	
13. If after your return to work you were not immediately able to perform all your duties, indicate: (a) Date of your return to work; (b) Details of duties you were not immediately able to perform; (c) Date you were finally able to perform all your duties.	(a) (b) (c)

14. Are you presently insured for accident benefits with other companies? ☐ Yes ☐ No
If Yes, please state the following:

Name of Insurance Company	Policy No.	Amount of Benefits	Date Insurance Effected

15. (a) Have you previously sought treatment for this sickness?	(a) ☐ Yes ☐ No
(b) Have you ever made a claim which is paid by another Insurer? If yes, give particulars.	(b) ☐ Yes ☐ No

It is important to ensure that answers to this form are true and complete. Failure to do so could affect your claim and the company's willingness to renew this insurance.

Signature of Witness : _____

Name : _____

I. C. No : _____

Relationship : _____

Address : _____

Signature of Insured : _____

Date : _____

In the event of the insured being unable to sign the form, it should be filled up and signed by a near relative or other responsible person in charge of the insured during his disability.

Note : No fees, commissions or charges of whatever nature are payable to agents or employees of the company in respect of this claim.

Authorisation

I hereby authorise any hospital, doctor or other person who has attended to me to furnish Allianz General Insurance Company (Malaysia) Berhad or its representatives any and all information with respect to any sickness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

Signature of Insured : _____

Name of Insured : _____ I/C No : _____ Date : _____

Allianz General Insurance (Malaysia) Berhad (735426-V)
Motor Insurance Amendment & E-Payment Form

Please be informed that payment will be credited directly into your bank account. Thus, the following information provided must be accurate.

Part 1. Beneficiary Details

Name of Applicant/Company			
Mailing Address			
NRIC/Passport/Bus. Reg. No		Mobile No/Business Tel No	
E-mail Address			
Policy No/Vehicle No		Period of Cover	

Part 2 Request/Amendment

☐ Withdraw NCD entitlement from the above mentioned policy/e-cover note with effect from

☐ *Transfer my/our NCD of % with effect from To my/our Vehicle No

☐ *Cancel the above mentioned policy/e-cover note with effect from

Reason

☐ Amendment

a. Insured's Name

b. Vehicle No. c. Year of Make

d. Engine/Chassis No. e. *C.C/Tonnage

f. Change of Address

g. Others (please specify)

Part 3. Beneficiary Banking Details (*to be completed when required)

Bank Name				
Bank Address/Branch				
Bank Account No.				
Type of Account	☐ Savings	☐ Current	☐ Others (please specify)	
ID captured during opening of bank account	☐ NRIC	☐ Passport	☐ Bus. Reg. No.	

Part 4. Declaration

I/We hereby declare that all information provide herein is true and complete. I/We understand that Allianz General Insurance Company (Malaysia) Berhad (the "Company") shall rely on the said information and accordingly, I/We shall indemnify the Company for any losses, damages or claims that it may suffer or incur as a consequence of relying thereon. I/We also consent to my/our personal data being used, stored, processed or disclosed by the Company and its agents to facilitate the performance of such functions by the Company as an insurer.

Signature of Applicant		Company Stamp	
Name		Date	

Part 5. For Office Use Only

Department/Branch		Profile Code	
Verified By & Date		Approved By & Date	

Notes:

1. **Please attach copy of NRIC or Passport or Business Registration Form whichever is applicable.**
2. **Please provide First page of either (a) Beneficiary's bank statement; or (b) Bank saving book showing the account name and account number; or (c) Details of the Beneficiary's bank account obtained from the bank's website or (d) written confirmation from the bank verifying the bank account details.**
   - ***if the copy of document mentioned in (2) not provided, the Company is deemed to have confirmed the account details provided in this form as valid and accurate. In the event of any invalid/inaccurate account details provided results in payment being credited into a third party bank account or if there is any loss incurred, the payment made thereto is still deemed as a full payment and Allianz General Insurance Company (Malaysia) Berhad shall be released and fully discharged from all existing and future liabilities, claims and demands in relation to such payment.***

Allianz General Insurance Company (Malaysia) Berhad (735426-V)
Customer Contact Centre
Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur
Allianz Contact Centre: 1 300 22 5542 Email: customer.service@allianz.com.my