



MSIG Insurance (Malaysia) Bhd (46983-W)
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Tel +603 2050 8228, Fax +603 2026 8086, Customer Service Hotline 1 800 88 MSIG (6744)
www.msig.com.my
A member of **MS&AD** INSURANCE GROUP

NOTICE OF CLAIM / BORANG TUNTUTAN
Personal Accident Insurance / Insurans Kemalangan Diri

- It is important to complete answer to every question. If insufficient space is provided for your answer, please continue on a separate sheet.
Sila nyatakan jawapan yang lengkap bagi setiap soalan. Jika ruang tidak mencukupi, sila gunakan kertas jawapan berasingan.
- You must enclose the original medical certificate/original medical report, original medical bills/receipts.
Anda mesti menyertakan salinan asal sijil cuti sakit/laporan perubatan, bil perubatan/resit pembayaran.
- In the case of fatal accident, please attach the following additional documents:
Untuk kes kematian, sila sertakan:
 - Post Mortem Report, Death Certificate, Burial Certificate / *Laporan Post Mortem, Sijil Kematian, Sijil Pengkebumian.*
 - Police Report/ *Laporan Polis.*
- All payment of claims will be issued under the name of the insured.
Bayaran tuntutan adalah di bawah nama pemegang polisi.

PLEASE NOTE / PERHATIAN:

- This form is sent without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the conditions the Insured may have committed.
Borang ini diserahkan tanpa prasangka, tertakluk kepada peraturan-peraturan dan syarat-syarat polisi dan tidak boleh dianggap sebagai pelepasan oleh Penanggung Insurans ke atas sebarang kemungkiran syarat-syarat polisi yang mungkin telah dilakukan oleh pihak yang diinsuranskan.
- The acceptance of this form is not in itself an admission of Policy Liability on the part of the Company.
Penerimaan borang ini tidak boleh dianggap sebagai penerimaan tanggungan terhadap tuntutan ini oleh Penanggung Insurans.

INSURED OR POLICYHOLDERS / PIHAK YANG DIINSURANSKAN ATAU PEMEGANG POLISI

Name / Nama: **ALI BIN ABU** Policy No. / No. Polisi: **SM-84231234-FPB (*Please refer your policy)**
Address / Alamat: Telephone No. / No. Telefon: **017-7001234**
NO 10 2/2 JALAN ABDULLAH HUKUM, BANGSAR, 59200, KUALA LUMPUR

I/C No. / No. K/P: **920704-10-1234** Occupation / Pekerjaan:

Period of Insurance: From: **05/01/2022** To:
Tempoh Insurans: Dari: **05/01/2022** Hingga: **04/01/2023**

INJURED PERSON/PATIENT / PIHAK YANG CEDERA/PESAKIT

Name / Nama: **SAME AS ABOVE** Age / Umur: **SAME AS ABOVE**
Address / Alamat: Telephone No. / No. Telefon: **SAME AS ABOVE**
SAME AS ABOVE

I/C No. / No. K/P: Employment/Occupation / Pekerjaan:

ACCIDENT DETAILS / BUTIR-BUTIR KEMALANGAN

Date / Tarikh: - Time / Masa: - Place / Tempat: -

Circumstance of accident/illness:
Bagaimanakah kemalangan berlaku:
-

What was the injured person doing at the time:
Aktiviti pihak yang cedera semasa berlakunya kemalangan:

State name and address of independent witness/es (if available)
Sila nyatakan nama dan alamat mereka yang menyaksikan kemalangan tersebut (jika ada)

INJURY/ILLNESS / KECEDERAAN YANG DIALAMI

Nature of injury/illness:

Butir-butir kecederaan:

COVID-19

Has he previously suffered from a similar injury to the same part of the body?

Adakah anda pernah mengalami kecederaan yang sama/serupa sebelum ini?

 Yes / Ya If Yes, please give details: No / Tidak Jika Ya, sila berikan maklumat lanjut:Please state whether the injured person has been totally unable to attend to any portion of his/her business. If so, please give details:
Nyatakan samada kecederaan ini telah menghalang pihak yang cedera menjalankan pekerjaannya. Jika Ya, berikan maklumat lanjut:

a. Totally / Sepenuhnya	From / Dari: 8 FEB 2022	To / Hingga: 17 FEB 2022	* Please refer your MySejahtera HSO period
b. Partially / Sebahagian	From / Dari:	To / Hingga:	

Name and address of the Doctor attending the injured person:

Nama dan alamat Doktor yang memberikan rawatan:

DR HAZIRA SYAZANA BINTI AZMI

Is he the injured person's usual doctor?

 Yes / Ya

Adakah doktor yang memberikan rawatan tersebut, doktor kebiasaan anda?

 No / Tidak**OTHER INSURANCE OR COMPENSATION / LAIN-LAIN INSURANS ATAU PAMPASAN**

Is the injured person claiming under any other insurance or receiving compensation from other sources?

 Yes / Ya

Adakah pihak yang tercedera membuat tuntutan atau pampasan dari sumber lain?

 No / Tidak

If Yes, please give details.

Jika Ya, sila berikan maklumat lanjut.

Has he previously suffered from a similar injury to the same part of the body?

 Yes / Ya

Adakah pihak yang tercedera pernah mengalami kecederaan yang sama/serupa sebelum ini?

 No / Tidak**DECLARATION / PENGAKUAN**

I/We hereby authorise my/our attending physician to release any medical information necessary to process this claim.

Saya/Kami dengan ini membenarkan doktor yang memberi rawatan ini mengeluarkan sebarang maklumat kesihatan yang berkaitan dengan proses tuntutan ini.

I/We, the undersigned(s) hereby irrevocably authorize any organization, institution, or individual that has any records or knowledge of my/our health and medical history or treatment or advise and that has been or may hereafter be consulted to disclose to MSIG Insurance (Malaysia) Bhd or its representative such information.

Saya/Kami yang bertandatangan di bawah, dengan ini membenarkan mana-mana organisasi, institusi, atau individu yang mempunyai sebarang rekod atau pengetahuan tentang kesihatan dan latar belakang perubatan atau rawatan atau nasihat perubatan saya/kami, dan telah atau mungkin kemudian dari ini dirujuk untuk mendedahkan segala maklumat tersebut kepada MSIG Insurance (Malaysia) Bhd atau wakilnya.

I/We declare that these particulars are true to the best of my/our knowledge.

Saya/Kami mengesahkan maklumat di atas adalah benar sepanjang pengetahuan saya.

I/We further hereby declare that any of my/our personal information collected or held by you herein is provided with my/our consent for it to be used, processed and disclosed to individuals or organizations related to or associated with MS & AD Insurance Group (in and outside of Malaysia) including inter-departments within MSIG or any selected third party service providers such as insurance or reinsurance companies, broking firms, loss adjusting companies, claims or forensic investigations companies, law firms, credit reference companies, any service provider appointed by governing authority/association/federation of insurance companies, association or federation of insurance companies or any corporate entities or governmental and judicial bodies or regulators to whom MSIG is obliged to disclose under the requirement of any law relating to MSIG or any of its affiliates or partners.

Saya/Kami dengan ini mengaku bahawa mana-mana maklumat peribadi saya/kami yang dikumpul atau dipegang oleh MSIG diperuntukkan dengan keizinan saya/kami untuk ia digunakan, diproses dan didedahkan kepada individu atau organisasi yang berkaitan atau dikaitkan dengan MS & AD Insurance Group (di dalam dan di luar Malaysia) termasuk antara jabatan dalam MSIG atau mana-mana penyedia perkhidmatan pihak ketiga yang dipilih termasuk insurans atau syarikat yang diinsuranskan semula, firma broker, syarikat pelaras kerugian, tuntutan atau syarikat penyiasatan forensik, firma guaman, syarikat-syarikat rujukan kredit, mana-mana penyedia perkhidmatan yang dilantik oleh pihak berkuasa/persatuan atau syarikat insurans bersekutu, persatuan/persatuan syarikat insurans bersekutu atau mana-mana entiti korporat atau badan-badan kerajaan dan kehakiman atau pengawal selia dengan siapa MSIG dimestikan untuk mendedahkan di bawah keperluan mana-mana undang-undang berkaitan dengan MSIG atau mana-mana sekutu atau rakan kongsi.

*aliabu***920704-10-1234**

Injured person/patient's signature

I/C No. / No. Kad Pengenalan

Tandatangan pihak yang cedera

*aliabu***920704-10-1234**

Insured's signature / Tandatangan pihak yang diinsuranskan

Date / Tarikh

09 FEB 2022**ALI BIN ABU**

Insured's name / Nama Pihak Yang Diinsuranskan

I/C No. / No. Kad Pengenalan

09 FEB 2022

Company stamp, if available / Cop rasmi syarikat, jika ada

Date / Tarikh

MEDICAL CERTIFICATE/REPORT / LAPORAN PERUBATAN

1. Name of patient/ *Nama pesakit:*

NIL

2. From what injuries or illness is the Patient now suffering?
Apakah kecederaan atau penyakit yang Pesakit sedang alami?

NIL

3. When were you first consulted for these injuries or illness?
Bilakah anda mula memberikan rawatan atas kecederaan yang dialami?

NIL

4. How long has the Patient been disabled from engaging in or attending to this usual employment or occupation as a result of these injuries or illness?
Berapa lamakah Pesakit tidak berupaya menjalankan tugas/pekerjaan?

Totally / *Sepenuhnya*
Partially / *Sebahagian*

From / *Dari:* **NIL**
From / *Dari:*

To / *Hingga:* **NIL**
To / *Hingga:*

5. How much longer do you consider such disablement will continue?
Berapa lamakah lagi ketidakupayaan menjalankan tugas/pekerjaan akan berlaku?

Totally / *Sepenuhnya*
Partially / *Sebahagian*

From / *Dari:* **NIL**
From / *Dari:*

To / *Hingga:* **NIL**
To / *Hingga:*

6. Does the Patient have any other disease or physical defect?
Adakah Pesakit mempunyai sebarang penyakit/kecacatan lain?

Yes / *Ya* If Yes,
 No / *Tidak* Jika *Ya,*

a. What is the nature?
Apakah penyakit/kecacatan tersebut?

b. To what extent may recovery be affected thereby?
Sejauh manakah ianya akan mempengaruhi pemulihan ini?

I hereby certify that the foregoing statements are correct.
Adalah dengan ini, saya mengesahkan kenyataan di atas adalah benar.

Signature:
Tandatangan:

Name:
Nama:

NIL

Date:
Tarikh:

Address:
Alamat:

Qualification:
Kelulusan:

In the event of conflict between the English and the translated version of this claim form, the English version shall prevail.
Jika terdapat sebarang konflik di antara versi Bahasa Inggeris dengan versi terjemahan borang tuntutan ini, versi Bahasa Inggeris adalah sah di sisi undang-undang.

MSIG Insurance (Malaysia) Bhd. (46983-W)

P. O. Box 11034
50990 Kuala Lumpur
Tel: (603) 2050 8228

Alor Setar
Tel: (604) 772 2266

Batu Pahat
Tel: (607) 433 6808

P. O. Box 320
30740 Ipoh
Tel: (605) 255 1319

Petaling Jaya
Tel: (603) 7954 4208

P. O. Box 223
80720 Johor Bahru
Tel: (607) 208 7800

Klang
Tel: (603) 3343 6691

Kluang
Tel: (607) 772 6501

P. O. Box 63
15700 Kota Bharu
Tel: (609) 748 1280

P. O. Box 223
25720 Kuantan
Tel: (609) 515 7501

P. O. Box 483
75760 Melaka
Tel: (606) 289 4333

P. O. Box 612
10780 Penang
Tel: (604) 264 2828
(from 4 May 2015)
Tel: (604) 219 0800

Seremban
Tel: (606) 601 3501

Sungai Petani
Tel: (604) 424 4180

P. O. Box 11009
88111 Kota Kinabalu
Tel: (6088) 233 030

P. O. Box 308
93704 Kuching
Tel: (6082) 256 901

P. O. Box 310
98007 Miri
Tel: (6085) 434 890

P. O. Box 931
90710 Sandakan
Tel: (6089) 217 388

Sibu
Tel: (6084) 323 890

P. O. Box 784
91008 Tawau
Tel: (6089) 771 051



MSIG

GIRO FUND TRANSFER / RENTAS FORM

[Service Providers, Suppliers]

F-FN-005B-V13

Please read the following instructions carefully before completing this form.

1. Type or write using **BLOCK LETTERS**.
2. Indicate only **one (1) preferred bank** account and **it should be active**.

1	Bank Account Holder Name	:	ALI BIN ABU
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2	Bank Name <small>(Interbank Giro Participating Banks)</small>	:	MAYBANK
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3	Bank Account Number	:	1 0 0 5 1 2 3 4 1 2 3 4
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Please provide a relevant ID. The ID that you provide must be the same as appeared in your bank's record. Otherwise, the fund transfer will be **REJECTED** by your bank despite a correct bank account number. Eg. Your Business Registration number is 46983W and your banker's record is 046983W (with a zero in front).

4	RECIPIENT'S VALIDATION ID AS PER YOUR BANK'S RECORD [Indicate only one (1) and ignore dashes '-']		
4a	New IC Number	:	9 2 0 7 0 4 1 0 1 2 3 4
4b	Old IC Number	:	
4c	Registration Number <small>(Company/Business/Society/etc)</small>	:	
4d	Police/Army/Passport Number	:	

Payment Advice (Notification of Payment) is to be emailed to :-

5a	Email Address (1)	:	ali@gmail.com
5b	Email Address (2)	:	

I/We hereby request that payment(s) due to me/us by MSIG Insurance (Malaysia) Bhd ("MSIG") be paid to my/our bank account stated above by way of Giro Fund Transfer/Rentas and confirm that :-

1. I/We consent to MSIG processing and disclosing the above data to its banker(s) in order to facilitate payment(s) to me/us by way of Giro Fund Transfer/Rentas.
2. All information provided herein is correct and accurate.
3. My/Our request herein shall be irrevocable unless with the consent of MSIG (which shall not be unreasonably withheld). MSIG may at any time, provided there is a need to do so, in its reasonable discretion effect payment(s) to me/us by other mode(s).
4. I/We shall keep MSIG and its banker(s) indemnified against any loss and/or damage arising from this Giro Fund Transfer/Rentas provided always that the loss and/or damage is due to the gross negligence or willful default on my/our part which include but not limited to error in information furnished, delayed payment(s) and any other circumstances beyond MSIG and its banker(s)'s control and directly caused by me/us.

Authorised Signatory(ies)

Company Stamp (COMPULSORY for companies, businesses, societies, etc)

aliabu

Name : **ALI BIN ABU**
 Designation : **DIRECTOR**

MSIG - Office Use

Map the above details to the following supplier record(s) :

1.

2.

3.

BEC Prevention Validation Results :

MSIG's Staff Name :		Date :	
<input type="checkbox"/> Validation Required (To complete details below)		<input type="checkbox"/> Validation Not Required	
Contact Person Name :		Confirmation Date :	
Mode of Validation	<input type="checkbox"/> Face-to-face		
	<input type="checkbox"/> Contact	Contact Number :	<input type="checkbox"/> Call
	<input type="checkbox"/> Fax	Fax Number :	<input type="checkbox"/> Text Message
	<input type="checkbox"/> Others	Please specify :	