



Insurance & Takaful

All Risks Claim Form

Important Notice:

- The participant/policy holder/claimant must give complete and accurate information.
For your easy accessibility, this claim form is made available at our website www.etiqa.com.my

Details of Participant / Policy Holder / Claimant

Form section for participant details including Name, NRIC, Contact Details, Address, Postcode, Town, State, Country, Bank Name, and Account No.

Details of the Accident / Loss

Form section for accident details including checkboxes for Fire, Flood, Windstorm, Robbery, Theft, Fraudulent, and Others; Date and Time of Accident; Location; Damaged Property; Property Owner Name; Loss Caused by Specific Person; Loss Caused Damaged / Injury to Third Party; Estimated Loss; Injury to Third Party; and Property Damage Condition.

Note: Please include attachment:

- Police Report (if any)
Fire Brigade Report (if any)
Complaints documents received (if any)

Declaration

I/We declare that the above statements and particulars are correct and complete in every aspect and I/We have not concealed, misrepresented or misstated any material fact in relation to this claim.

I/We agree that if such statements and particulars are written by any other person, such person shall be deemed to have been my/our Agent for the purpose of filing in this form and his statement shall be binding upon me/us.

I/We hereby agree to give my/our fullest cooperation to Etiqa Insurance Berhad/Etiqa Takaful Berhad or its authorized representative in relation to this claim.

Signature of Participant / Policy Holder / Claimant

(dd/mm/yyyy)



\*BCBZZZ\*