



Insurance & Takaful

Workmen's Compensation / Foreign Worker Compensation 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

Name/ Name of Company				
NRIC / Army / Police / Passport No./ Company Registration No.				
Contact Details (if changed)	Phone No	Mobile	House	Office
	Email			
Address (if changed)				
Postcode	Town	State	Country	
Bank Name		Account No.		

Details of Injured Worker

Name	
NRIC / Passport No.	Nationality
Foreign Worker ID Card No	
Occupation	Date Commencement of Work _____ (dd/mm/yyyy)
Purpose of Notice	<input type="checkbox"/> For Notification only <input type="checkbox"/> Claim

Details of the Accident

Claim Classes	<input type="checkbox"/> Accident During Working Hours	<input type="checkbox"/> Accident Outside Working Hours
Claim Type	<input type="checkbox"/> Death <input type="checkbox"/> Permanent Disablement <input type="checkbox"/> Temporary Disablement <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Repatriation Expenses <input type="checkbox"/> Others _____	
Date of Accident	_____ (dd/mm/yyyy)	Time of Accident (am/pm)
Location of Accident		
Description of Accident		
Name of Witness (if any)	Contact No	

Details of the Injury

Injuries Sustained			
Particulars of Attending Physician After the Accident			
Name of Doctor			
Address			
Postcode	Town	State	Country
Contact No			
Worker Last Working Date before Accident	_____ (dd/mm/yyyy)	Worker First Working Date after Accident	_____ (dd/mm/yyyy)

Note: Please include attachment:

- Police Report (if any)
- Labour Office Report (if any)
- Salary Statement of injured worker for 6 months period prior to the accident or from the first month employment

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)

Etiqa Takaful Berhad (266243D)

Etiqa Insurance Berhad (9557T)

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Claim Assist 1300 88 1007

Ahli Kumpulan



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