

Non Motor Insurance 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

General

Policy no.				
Name / Name of Company				
MyKad / Army / Police / Passport no./ Company registration no.			Trade / Occupation	
Contact details	Phone no.	Mobile	House	Office
	Email			
Address				
Postcode		Town	State	Country
Bank name			Account no.	

Details of incident

<input type="checkbox"/> Fire	<input type="checkbox"/> Flood	<input type="checkbox"/> Windstorm	<input type="checkbox"/> Robbery	<input type="checkbox"/> Theft	<input type="checkbox"/> Other:
Date of incident		Time	Location of incident		
Brief description of the incident					
Was incident reported to the police?	<input type="checkbox"/> Yes, please furnish a copy of police report.			<input type="checkbox"/> No	
Was the incident (if fire) reported to the fire brigade?	<input type="checkbox"/> Yes, please furnish a copy of fire brigade report.			<input type="checkbox"/> No	
Who discovered the incident?					
Have you experienced the same incident before?	<input type="checkbox"/> Yes, please state no. of occurrence and date of the most recent incident:			<input type="checkbox"/> No	
Are you the sole owner of the lost, damaged or destroyed property?	<input type="checkbox"/> Yes			<input type="checkbox"/> No, please provide name:	
Was the premise unoccupied at the time of loss or damage?	<input type="checkbox"/> Yes, please state the date when last occupied:			<input type="checkbox"/> No	
Is this loss or damage covered by any other insurance policies?	<input type="checkbox"/> Yes, please provide a copy of the policy.			<input type="checkbox"/> No	

Additional information

Did the incident arise from activities of persons in your direct employ?	<input type="checkbox"/> Yes, please provide details of the employee(s):			<input type="checkbox"/> No
	Name			
	Address			
Was there anyone (other than your own employees) who sustained injury or damage to the property?	<input type="checkbox"/> Yes, please provide details of the third party:			<input type="checkbox"/> No
	Name			
	Address			
	Postcode	Town	State	Country
	Postcode	Town	State	Country

Declarations

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 General Insurance Berhad or its authorized representative in relation to this claim.

Signature of policyholder (affix company stamp, if non individual)
Date:

