

Public Liability Claim Form

Important Notice:

- The 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 Policy Holder / Claimant

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

Details of the Accident

Date	_____ (dd/mm/yyyy)
Location of Loss	
Cause of Loss	
Extend of Loss	

Details of the Damage / Injury

Injured Person				
Contact Details	Phone No	Mobile	House	Office
	Email			
Injury Type				
<input type="checkbox"/> Not injured <input type="checkbox"/> Slight Injury <input type="checkbox"/> Severe Injury <input type="checkbox"/> Death				
Damaged Property				
Damaged Type				
<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious				
Property Owner				
Contact Details	Phone No	Mobile	House	Office
	Email			
Estimated Loss Amount (RM)				

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

Signature of Policy Holder / Claimant
(dd/mm/yyyy)