

## Workmen's Compensation/ Foreign Worker Compensation 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](http://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 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 General Insurance Berhad or its authorized representative in relation to this claim.

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