

## **Non Motor Takaful Claim Form**

- Important Notice:

  The participant/ claimant must give complete and accurate information.

  For your easy accessibility, this claim form is made available at our website <a href="www.etiqa.com.my">www.etiqa.com.my</a>

General																			
Certificate no.																			
Name / Name of Company																			
MyKad / Army / Police / Passport no./ Company registration no.				Trade / Occupation															
Phone no.			Mob	ile		House						Office							
Contact details Email																			
Address																			
Postcode 1				own				State					Country						
Bank name										Ac				account no.					
Details of in	ciden	t																	
Fire	Fire Flo			od			Windstorm			Robbery		Theft			Other:				
Date of incident				Time Location of incident															
Brief description								·											
Was incident reported to the police?				Yes, please furnish a copy of police report.															
Was the incident (if fire) reported to the fire brigade?				Yes, please furnish a copy of fire brigade report. No															
Who discovered the incident?																			
Have you experienced the same incident before?				Yes, please state no. of occurrence and date of the most recent incident:															
Are you the sole owner of the lost, damaged or destroyed property?				Yes No, please provide name:															
Was the premise unoccupied at the time of loss or damage?				Yes, please state the date when last occupied:															
Is this loss or damage covered by any other takaful certificates?					Yes, please provide a copy of the certificate. No														
Additional in																			
Did the incident arise from activities of persons in your direct employ?				Yes, please provide details of the employee(s):															
or persons in your direct employ?				Name															
				Address															
				Postcode Town						State					Country				
Was there anyone (other than your own employees) who sustained injury or damage to the property?			our		Y	es, plea	ase provi	de deta	ils of tl	ne third pa	arty:			N	10				
			?	Name															
				Addre	SS														
Dealers Cons				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 Takaful Berhad or its authorized representative in relation to this claim.																			
Signature of participant (affix company stamp, if non individual)  Date:																			

## Please complete statement of claim

- Claim supporting document checklist:

  1) Claim form

  2) Copy of MyKad/ Passport of claimant

  3) Photographs depicting the damage(s)

  4) Certificated report (if any)

  - 5) 6) Fire brigade report (if any)
  - Purchase invoice/ bills

Full description of lost or damage article(s)	Name and address whom article was purchased or by whom presented	Date of purchase or received	Price paid	Value at the time of loss after allowing for age, wear & tear and depreciation	Sum claimed for repair/ replacement based on present value