

Motor 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 www.etiqa.com.my.

Claim Type:

OD	Own Damage	WS	Windscreen Damage	TL	Total Loss	TF	Theft	TPPD	Third Party Property Damage	TPBI	Third party Bodily Injury
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Accident Information

Vehicle Number	Date of Accident _____ (dd/mm/yyyy)
Purpose of Notice	<input type="checkbox"/> For Notification only <input type="checkbox"/> Claim (If yes, please tick Claim Type)
Claim Type	<input type="checkbox"/> OD <input type="checkbox"/> WS <input type="checkbox"/> TL <input type="checkbox"/> TF <input type="checkbox"/> TPPD <input type="checkbox"/> TPBI

Details of Participant/ 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			
Bank Name			Account No.	

Details of the Driver

Name	
Relationship with Participant	Contact No.

List the Name of Passengers in your vehicle at the Time of Accident

No.	Name
1.	
2.	
3.	
4.	
5.	

Details of Third Party Damage / Injury

Injury to Own Passenger	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Injury to Third Party	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Damage to Third Party Vehicle / Property	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third Party Vehicle Details	
Vehicle Number	Type

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 Takaful Berhad or its authorized representative in relation to this claim.

Signature of Participant/ Claimant
(dd/mm/yyyy)