

## Motor 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).

Claim Type:

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

### 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 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			
Bank Name		Account No.		

### Details of the Driver

Name	
Relationship with Policy Holder	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 Insurance Berhad or its authorized representative in relation to this claim.

\_\_\_\_\_  
Signature of PolicyHolder/ Claimant  
(dd/mm/yyyy)