

Non Motor Insurance Claim Form

- Important Notice:

 The participant/policy holder/claimant must give complete and accurate information.

 For your easy accessibility, this claim form is made available at our website www.etiga.com.my

General																	
Policy no.																	
Name / Name of Company																	
MyKad / Army / Police / Passport no./ Company registration no.				Trade / Occupation													
Pho		Phone no.		Mobile					House			Offi	Office				
Contact details	Email	Email															
Address																	
Postcode 1				own					State				Country				
Bank name									A				Account no.				
Details of in	ciden	t															
Fire			Floo	od			Winds	torm		Robbe	ery		The	eft		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 insurance policies?				Yes, please provide a copy of the policy. 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 unect employ:				Name													
				Address													
				Postcode Town						State				Country			
Was there anyone (other than your own employees) who sustained injury or damage to the property?			our		Ye	es, plea	ase prov	ide deta	ils of tl	ne third part	y:			No			
			?	Name													
				Addre	ss												
Declarations				Postcode Town				Town	State				Country				
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 (affix company stamp, if non individual) Date:																	

Please complete statement of claim

Claim supporting document checklist:

1) Claim form

- 1) 2) 3) 4) Copy of MyKad/ Passport of claimant
- Photographs depicting the damage(s)
- Policy report (if any)
 Fire brigade report (if any)
 Purchase invoice/ bills 5)
- 6)

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
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