AIG Malaysia Insurance Berhad (200701037463)
P O Box 11768, 50756 Kuala Lumpur
Telephone: 1800 88 8811 / 603 2118 0188 Facsimile: 603 2119 0288

ACCIDENT CLAIM FORM
BORANG TUNTUTAN KEMALANGAN

Important Notice
Notis Penting

1. This insured is requested to furnish particulars as fully and accurately as possible.
2. This report must be submited to AIG Malaysia Insurance Berhad (200701037463) ("Company") at once and the acceptance of this form is not in itself an admission of liability on the part of the Company.
3. The insured or driver should make no admission of any liability to any third parties.
4. Every letter, writ of summons and or any form of communication that the insured or driver received regarding the accident should be sent to the Company immediately and unanswered.

1. *Pihak diinsuranskan hendaklah memberi maklumat yang tepat di mana yang boleh.*
2. *Borang ini mesti diserahkan seawal mungkin kepada AIG Malaysia Insurance Berhad (200701037463)("Syarikat") dan penerimaannya bukan bererti pihak Syarikat mengaku menanggung liabiliti.*
3. *Pihak diinsuranskan ataupun pemandu kenderaan dilarang daripada mengaku bertanggungjawab kepada mana-mana pihak ketiga.*
4. *Segala surat, writ saman atau sebarang bentuk surat menyurat yang diterima pihak diinsuranskan atau pemandu kenderaan bersabit kemalangan ini hendaklah dikirimkan kepada Syarikat seawal mungkin dan tanpa berjawab.*

This claim form is issued strictly for the following purpose only
- ☐ Notification
- ☐ Repairs at authorised workshop
- ☐ Third party claim

- Issued on _____
- Issued by _____

INSURED
PIHAK DIINSURANSKAN

Name / *Nama* _____

NRIC No. / *No. Kad Pengenalan* _____

Address / *Alamat* _____

_____

Policy / Cover Note No. / *Polisi/Nota perlindungan* _____

Occupation / *Pekerja* _____

Car Registration No. / *No. Kenderaan* _____

Claim Reference / *No. Rujukan Kami* _____

Telephone No. / *No. Telefon* _____

Email Address / *Alamat Emel* _____

Preferred method of communication? / *Pilihan utama untuk cara komunikasi?* ☐ Email / *E-mel* ☐ Mail / *Surat*

Are you a US Citizen (Y/N)?
If 'Yes', please provide your Social Security No. (SSN) : _____

Purpose of Use / *Tujuan Pengunaan*

☐ Social Domestic Pleasure / *Keseronokan Sosial*
☐ To and From Work / *Ulang-alik bekerja*
☐ In Connection with Business / *Berkaitan dengan perniagaan*
☐ Hire and Reward / *Sewa dan ganjaran*
☐ To be Determined / *Akan ditentukan* _____

DRIVER'S PARTICULARS
MAKLUMAT PEMANDU

Name of Driver at time of Occurrence / *Pemandu semasa kemalangan* _____

Who was the driver of the vehicle at the time of the loss? / *Siapakah pemandu kenderaan pada masa kemalangan?*
☐ Named Insured / *Orang yang diinsuranskan* ☐ Named Driver / *Pemandu yang dinamakan* ☐ Unnamed Driver / *Pemandu yang tidak dinamakan* ☐ Others / *Lain-lain* ☐ None / *Tiada*

Driver's relationship with insured? / *Hubungan pemandu dengan pihak diinsuranskan?*
☐ Relative / *Saudara* ☐ Friend / *Kawan* ☐ Employee / *Pekerja* ☐ Paid Driver / *Pemandu Bergaji* ☐ Others / *Lain-lain*

Does the driver have a valid license? / *Adakah pemandu mempunyai lesen yang sah?*
☐ Yes / Ya ☐ No / Tidak ☐ Unknown / Tidak diketahui

If the driver is a paid driver, the date when he was employed / *Jika pemandu bergaji, tarikh mula kerja* _____

Address / *Alamat* _____

_____

NRIC No. / *No. Kad Pengenalan* _____

Date of Birth / *Tarikh kelahiran* _____

Telephone No. / *No. Telefon* _____ Office / *Pejabat* _____ Residence / *Rumah*

Fax No. / *No. Faks* _____ Office / *Pejabat* _____ Residence / *Rumah*

Are you a US Citizen (Y/N)?
If 'Yes', please provide your Social Security No. (SSN) : _____

How long has the driver held a licence / *Tempoh pemandu memengang lesen*
☐ less than one year / *kurang daripada satu tahun*
☐ If others, please specify / *Jika lain, nyatakan* _____ years / *tahun* _____ months / *bulan*

Expiry date of driving licence / *Tarikh tamat tempoh lesen memandu* _____ No: / *No:* _____ Type of licence / *Jenis lesen* _____

Date & details of conviction if any in connection with driving a motor vehicle.
Tarikh & maklumat sabit kesalahan jika ada berkaitan dengan memandu kenderaan. _____

Date & details of past accidents
Tarikh & maklumat kemalangan sebelum ini _____

Was the vehicle being driven with the knowledge and consent of the insured? / *Adakah kenderaan di pandu dengan pengetahuan dan izin pihak diinsuranskan?* ☐ Yes / *Ya* ☐ No / Tidak

Have you made an insurance claim in the last 24 months? / *Pernahkah anda membuat tuntutan insurans dalam 24 bulan yang lalu?* ☐ Yes / *Ya* Date / *Tarikh* _____ ☐ No / Tidak

Was the driver injured? / *Adakah pemandu kenderaan mengalami kecederaan?* ☐ Yes / *Ya* ☐ No / Tidak ☐ Unknown / *Tidak diketahui*

What was the extent of the injury? / *Apakah tahap kecederaan?* ☐ Major / *Kritikal* ☐ Minor / *Kecederaan Kecil* ☐ Fatal / *Maut*

If yes, where was medical treatment received? / *Jika ya, dimanakah rawatan perubatan yang diterima?* _____

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Potential Coverage / Liability Issues
Potensi Perlindungan / Isu-isu Liabiliti

Was the party charged for being under the influence of drinks or drugs?
Adakah pihak yang didakwa berada di bawah pengaruh minuman keras atau dadah?
☐ Yes *Ya* ☐ No *Tidak* ☐ Unknown *Tidak tahu*

Was Seatbelt worn?
Adakah tali pinggang keledar telah dipakai?
☐ Yes *Ya* ☐ No *Tidak* ☐ Unknown *Tidak tahu*

Was Hand-held phone device in use?
Adakah telefon bimbit digunakan?
☐ Yes *Ya* ☐ No *Tidak* ☐ Unknown *Tidak tahu*

Was ear phone in use?
Adakah alat dengar digunakan?
☐ Yes *Ya* ☐ No *Tidak* ☐ Unknown *Tidak tahu*

ACCIDENT DETAILS
MAKLUMAT KEMALANGAN

Date of accident *Tarikh Kehilangan* _____ Day of week *Hari* _____ Time *Masa* _____ am/pm *pagi / petang* _____ Weather *Cuaca* _____

Place of accident *Tempat Kemalangan* _____

Description if Incident *Perihal Kejadian :* I was driving *Semasa saya memandu* _____

(Please attach a copy of your police report to this form / *Sila lampirkan satu salinan laporan polis pada borang ini)*

Police Report made at *Aduan polis dibuat* _____ Police Station, vide Report No *di Balai Polis, Melalui No Laporan* _____

Were there any passengers in the insured's vehicle? *Adakah terdapat mana-mana penumpang dalam kenderaan yang diinsuranskan?* ☐ Yes *Ya* ☐ No *Tidak* ☐ Unknown *Tidak diketahui*

Party at Fault *Pihak yang bersalah* ☐ Insured at Fault *Salah pihak yang diinsuranskan* ☐ 3rd Party at Fault *Salah pihak ke-3* ☐ Both at fault *Kedua-dua pihak bersalah* ☐ Insured not at fault *Diinsuranskan tidak bersalah*

Please give rough sketch of the accident (Specify car registration No.)
Lakaran kasar kemalangan (Nyatakan nombor pendaftaran kereta)

Sebelum Kemalangan Before Accident	Selepas Kemalangan After Accident

Were there any passengers in the insured vehicle? *Adakah terdapat mana-mana penumpang dalam kenderaan yang diinsuranskan?* ☐ Yes *Ya* ☐ No *Tidak* ☐ Unknown *Tidak diketahui*

Number of Passengers? *Bilangan penumpang?* _____

OWN DAMAGE
KEROSAKAN KEPADA KENDERAAN SENDIRI

Please note that repairs should not be proceeded with until the vehicle is inspected and the estimated cost of repairs are approved by the Company.
Harap maklum bahawa pembaikan tidak dibenarkan sebelum kenderaan diperiksa dan kos pembaikan diluluskan oleh Syarikat.

State extent of damage to your vehicle *Nyatakan tahap kerosakan kepada kenderaan anda* ☐ Light *Ringan* ☐ Moderate *Sederhana* ☐ Severe *Teruk* ☐ None *Tiada* Please describe: *Sila terangkan:* _____

Are you claiming for cost of repairs to your vechicle under your policy? (This is only applicable to comprehensive policy only)
Adakah anda menuntut kos membaiki kenderaan anda di bawah polisi anda? (Diterima pakai untuk polisi komprehensif sahaja)

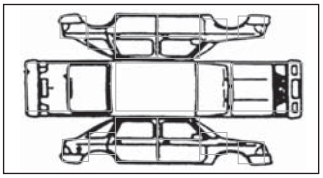
☐ Yes *Ya* ☐ If No, Please state reasons:- *Jika Tidak, sila nyatakan sebabnya* ☐ slight damage *rosak sedikit* ☐ claiming against the other party *menuntut terhadap pihak ketiga* ☐ others, please specify *lain-lain, sila nyatakan* _____

State name and address of workshop
Nyatakan nama dan alamat bengkel

_____

_____

_____



Please mark XXX the damage sustained to your vehicle
Sila tandakan XXX bahagian yang rosak pada kenderaan

Estimated Cost
Kos yang Dianggarkan : RM _____

Has the vehicle been towed / needs to be towed? *Adakah kenderaan telah ditunda / perlu ditunda?* ☐ Yes *Ya* ☐ No *Tidak*

PARTICULARS OF INDEPENDENT EYE-WITNESS
MAKLUMAT SAKSI

Name *Nama* _____ Telephone No. *No. Telefon* _____

NRIC No. *No. Kad Pengenalan* _____ Fax No. *No. Faks* _____

Address *Alamat* _____

_____

DETAILS OF DAMAGE TO OTHER VEHICLE
MAKLUMAT KEROSAKAN PADA KENDERAAN LAIN

Vehicle No.
Vehicle No. _____

Name of Insurance Company
Nama Syarikat Insurans : _____

Name & Address of Owner Driver
Nama & Alamat Pemunya / Pemandu _____

Is there damage to the vehicle? ☐ Yes *Ya* ☐ No *Tidak*
Sebarang kerosakan kepada kenderaan?

Indicate the severity sustained by third party vehicle ☐ Light *Ringan* ☐ Moderate *Sederhana* ☐ Severe *Teruk* ☐ None *Tiada*
Sila nyatakan keterukan yang dialami oleh kenderaan pihak ketiga

Number of Passengers?
Bilangan Penumpang? _____

Does the driver have a valid driving license? ☐ Yes *Ya* ☐ No *Tidak* ☐ Unknown *Tidak diketahui*
Adakah pemandu mempunyai lesen yang sah?

Driving License Number:
No. Lesen memandu _____

Details of damage to other property (Other than vehicle)
Maklumat kerosakan kepada harta benda lain (selain daripada kenderaan) _____

Particulars of Damage
Butiran Kerosakan : _____

Please state location and particulars of damage
Sila nyatakan tempat dan butir kerosakan _____

Was there any damage to the personal property? ☐ Yes *Ya* ☐ No *Tidak*
Adakah terdapat apa-apa kerosakan kepada harta benda peribadi?

Vehicle Type
Jenis kenderaan
☐ Car *Kereta* ☐ Van *Van* ☐ Lorry *Lori* ☐ Truck *Trak* ☐ Bus *Bas* ☐ Motorbike *Motosikal*

Make & Model
Jenama & Model _____

DETAILS OF PERSON INJURED
BUTIRAN ORANG-ORANG YANG TERCEDERA

Give particulars of all persons injured. Please indicate if the person injured is a pedestrian, cyclist, motorcyclist, pillion rider, driver or passenger in your vehicle and driver or passenger in the other vehicle.
Berikan butiran semua yang tercedera. Adakah yang cedera itu pejalan kaki, penunggang basikal, penunggang motorsikal, pemboncang motorsikal, pemandu atau penumpang dalam kenderaan lain?

Has the Third Party Driver / Passenger / Pedestrian /cyclist been injured? ☐ Yes *Ya* ☐ No *Tidak* ☐ Unknown *Tidak diketahui*
Adakah pemandu pihak ke-3/penumpang/pejalan kaki/penunggang basikal mengalami kecederaan?

If Yes, please fill up the information as below.

Name/Address *Nama/Alamat*	Relationship *Hubungan*	Age *Umur*	Nature of Injuries *Jenis Kecederaan:*	Where was Medical Treatment Received *Dimanakah anda menerima rawatan?*	Are you a US Citizen (Y/N)? If 'Yes', please provide your Social Security No. (SSN) :	Remarks *Butiran kecederaan:*
	☐ Third Party Driver *Pihak ke-3* ☐ Passenger *Penumpang* ☐ Pedestrian *Pejalan kaki* ☐ Cyclist *Penunggang basikal*					

Enclosure *Lampiran*

(1) Photographs of car showing damage & plate number/ *Gambar kereta menunjukkan kerosakan dan nombor plat* ☐
(2) Close-up photograph showing extent of damage/ *Gambar dekat bagi kerosakan* ☐
(3) A copy of driver's licence/ *Salinan fotostat lesen pemandu* ☐
(4) Photocopy road tax disc/Registration Card *Salinan fotostat Cukai Jalan/Kad Pendaftaran* ☐
(5) Photocopy of both insured's & driver's NRIC / *Salinan fotostat K.P pihak Diinsuranskan & Pemandu* ☐
(6) Photocopy policy / covernote *Salinan fotostat polisi / Nota Perlindungan* ☐
(7) Police report (certified true copy) *Laporan Polis (salinan yang diakui benar)* ☐
(8) Workshop quotation / *Sebut harga Bengkel* ☐

I hereby declare that the above statements are true to the best of my knowledge and belief.
Saya dengan ini mengisytiharkan bahawa kenyataan di atas adalah benar sepanjang pengetahuan dan kepercayaan saya.

Date *Tarikh* _____ Signature of Driver *Tandatangan Pemandu* _____ Signature of Insured *Tandatangan Pihak Diinsuranskan* _____

English
"For all intent and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions, it is hereby agreed that the English version will prevail ."

Bahasa Malaysia
"Boleh dikatakan di mana terdapat konflik atau kekaburan berkenaan makna dalam peruntukan Bahasa Inggeris ataupun Bahasa Malaysia, adalah dipersetujui bahawa versi Bahasa Inggeris akan mengatasi dan diikuti."

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E-PAYMENT SYSTEM via CREDIT or GIRO

SISTEM E-PEMBAYARAN MELALUI CREDIT ATAU GIRO

No	Description / *Penerangan*	Remarks / *Keterangan*	
1	**Name of Account Holder** / *Nama Pemegang Akaun*	**Must be the same as per name or company name registered with the bank** / *Mesti sama seperti nama atau nama syarikat yang berdaftar dengan bank.*	
2	**NRIC or Passport or Company Registration Number** / *Nombor Kad Pengenalan atau Pasport atau Pendaftaran Syarikat*	☐ **NRIC (new)** ☐ **NRIC (old)** ☐ **Passport No.** ☐ **Business Registration No (12 digits)**	
3	**Policy Number** / *Nombor Polisi*	**Policy number relating to this payment** / *Nombor polisi berkenaan pembayaran ini.*	
4	**Tax Identification Number (TIN)** / *Nombor Pengenalan Cukai*	**Account Holder's TIN information** / *Nombor Pengenalan Cukai Pemegang Akaun*	
5	**Malaysian Standard Industrial Classification (MSIC)** / *Kod Piawaian Klasifikasi Industri Malaysia*	**Applicable for company only** / *Hanya untuk Pemegang Akaun yang berdaftar sebagai Syarikat*	
6	**Sales and Service Tax (SST) Registration Number** / Nombor *Pendaftaran Cukai Jualan dan Perkhidmatan (SST)*	**Applicable for company only** / *Hanya untuk Pemegang Akaun yang berdaftar sebagai Syarikat*	
7	**Telephone Number** / *Nombor Telefon*	**Telephone number if contact is required** /*Nombor telefon jika perlu dihubungi*	
8	**Bank Account Number** / *Nombor Akaun Bank*		
9	**Bank Name** / *Nama Bank*		
10	**Recipient's ID/ Beneficiary's ID/ Verification ID (Mandatory)** / *Nombor Pengenalan (NRIC atau Passport) atau Pendaftaran Syarikat yang digunakan semasa membuka akaun Bank di atas (Wajib diisi)*	**The Recipient's ID will be used by your Bank to validate your account information. Please make sure the Recipient's ID number matches the information in this form to avoid delays or error in processing the payment** / *Nombor pengenalan penerima tertera disini akan digunakan oleh Bank anda bagi tujuan pengesahan. Pastikan nombor pengenalan anda sah untuk mengelakkan sebarang kesulitan ketika pembayaran.*	
11	**E-mail Address** / *Alamat E-mel*	**Our bank will notify account holder once each remittance has been made**. *Bank kami akan memaklumkan pemegang akaun melalui e-mel selepas pembayaran dilakukan*	

BENEFITS OF E-PAYMENT: Faster, Convenient & Secure

KELEBIHAN E-PEMBAYARAN: Lebih Cepat, Mudah & Selamat

I/We declare and confirm that all information provided is full, complete, true and accurate. I/We have read and agreed to AIG Malaysia's Privacy Policy at https://www.aig.my/privacy-notice. If I/We am/are submitting information relating to another individual, I/We represent and warrant that I/We have the authority to provide that information to AIG and/or its service providers and the individual agrees and consents, that AIG and/or its service providers may collect, use and disclose his/her personal information in accordance with AIG's Privacy Notice.

Saya/Kami memaklum dan mengesahkan bahawa semua maklumat yang diberikan adalah lengkap, benar, tepat, dan sah. Saya/Kami telah membaca dan bersetuju dengan Dasar Privasi AIG Malaysia di https://www.aig.my/privacy-notice. Jika saya/kami menghantar maklumat berkaitan individu lain, saya/kami mewakili dan menjamin bahawa saya/kami diberi kuasa untuk menyediakan maklumat tersebut kepada AIG dan/atau pembekal perkhidmatan mereka, dan individu tersebut bersetuju dan memberi kebenaran bahawa AIG dan/atau pembekal perkhidmatan mereka boleh mengumpul, menggunakan, dan mendedahkan maklumat peribadi beliau/ beliau mengikut Notis Privasi AIG.

I/We hereby authorise AIG Malaysia Insurance Berhad to release payment via direct credit or GIRO to above Bank Account. I/We further understand that AIG Malaysia relies on the above information and instruction in order to make payment and in the event of any loss arising from this payment, AIG Malaysia is absolved from any or all liability.

Saya/Kami dengan ini memberi kuasa kepada AIG Malaysia Insurance Berhad untuk membuat pembayaran melalui kredit terus atau GIRO ke Akaun Bank yang dinyatakan di atas. Saya/Kami juga memahami bahawa pembayaran dari AIG Malaysia adalah berdasarkan maklumat dan arahan di atas dan sekiranya berlaku sebarang kerugian akibat pembayaran ini, AIG Malaysia tidak akan dipertanggungjawabkan atas sebarang liabiliti.

Signature and/or Company Stamp
Tandatangan dan/atau Cop Syarikat : _____

Name as per NRIC
Nama Penuh seperti di dalam Kad Pengenalan : _____

Date
Tarikh : _____