Claim Form

GENERAL

PLEASE ANSWER EACH QUESTION CLEARLY: TICKS OR DASHES ARE NOT SUFFICIENT
This form is issued without admission of liability and must be completed and returned within fourteen days after the occurrence of the incident. No claim can be admitted unless all documentary evidence and/or other reports required by the Company shall be furnished at the expenses of the Insured.

SECTION A – PARTICULARS OF INSURED/CLAIMANT			
Policy/Certificate No.		Tel/Mobile No.	
Name of Insured		Business/Occupation	
Address			
SECTION B – E-PAYMENT FOR PROMPT SETTLEMENT			
Name of Account Holder		NRIC/Passport No.	
E-mail Address		Business Registration No.	
Name of Bank		Bank Account No.	
Note: Please support your bank account details by providing a copy of the bank statement for verification.			
SECTION C – PARTICULARS OF LOSS			
1. Location of loss/damage			
2. Date and time of loss/damage	Date: dd/mm/yyyy Time:		
3. How did the loss/damage occur? (Use a supplementary sheet, if necessary)			
4. Please state (a) Police Station and/or (b) Fire Brigade to which the loss was reported (if applicable)	(a) Police Station: *(Kindly attach a copy of the report)* (b) Fire Brigade Station: *(Kindly attach a copy of the report)*		
5. (a) Were the premises occupied at the time of loss/damaged (b) For how long the premises have been unoccupied since the policy was incepted or last renewed?	☐ Yes ☐ No. Please provide detail under (b)		
6. Do you suspect any parties involved?	☐ Yes. Please provide particulars: ☐ No		

7. Are you the sole owner of the property loss/ damage?	☐ Yes ☐ No. Please provide name of the other owner(s):
8. Is there any other insurance in force at the time of loss/damage?	☐ Yes. Insurer's name: Policy No: ☐ No
9. Name of other party with interest in the item(s)/ property(ies) lost/ damage (e.g. mortgagee, lessor. hirer etc)	☐ Yes. Name of interested party: ☐ No
10. Please state the total amount claimed	RM (Please provide listing of loss/damaged items & price claimed on the next page)

DECLARATION AND AUTHORIZATION

I/We hereby declare that to the best of my/our knowledge and belief, the above details/information as provided by me/us are true and complete and I/we understand that the Company reserves all rights for final evaluation as appropriate on all or any part of the claims made. If I/we made or shall make any false/fraudulent statements, or withhold any material facts whatsoever in respect of this claim, I/we shall forfeit all rights to recover from the Company.

In relation to the personal information collected in this claim form, I/we agree and consent, and if I/we am/are submitting information relating to another individual/company, I/we represent and warrant that I/we have the authority or obtained the consent to provide that information to the Company and/or its service provider, and have informed the said individual/company about the purposes for which his/her/their personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Company and/or its service provider, and the individual/company agrees and consents, that the Company and/or its service provider may collect, use and process my/his/her/their personal information for the purpose as it was provided and as indicated in the Company's Privacy Notice at www.berjayasompo.com.my

Authorized Signature : _____

Name : _____

Designation : _____

Date : _____

Please affix Company Stamp, if applicable

STATEMENT OF CLAIM				
Item No.	**Description of property lost / damaged**	**Historical purchase price (RM)**	**Amount claimed (RM)**	**Remarks**