

Claim Form

MOTOR CLAIM

IMPORTANT NOTICE : IT IS ESSENTIAL TO COMPLETE THE FORM FULLY, FAILURE TO DO SO WILL RESULT IN DELAY OF YOUR CLAIM						
<input type="checkbox"/> Own Damage (OD)	<input type="checkbox"/> Own Damage KFK (third party at fault)	<input type="checkbox"/> Theft			<input type="checkbox"/> Windscreen	
<input type="checkbox"/> Notification Only (Claiming against Third Party)	<input type="checkbox"/> Notification Only (Injury to Third Party)	<input type="checkbox"/> Notification Only (Damage to Third Party's property/vehicle)				
SECTION 1 – PARTICULARS OF INSURED						
Name						
NRIC/Passport/Company No.			Email			
Tel No.			Occupation/ Nature of Business			
Address				Postcode		
SECTION 2 – PARTICULARS OF DRIVER <i>(Please ignore this section if the driver is the insured)</i>						
Name						
NRIC/Passport/Company No.			Occupation/Nature of Business			
Tel No.			Relationship with insured			
Address				Postcode		
SECTION 3 – PARTICULARS OF LOSS						
Date and Time of Loss		Date	Time	(am./pm)	Location	
Police report lodged ?		<input type="checkbox"/> Yes (Report No :)			<input type="checkbox"/> No	
SECTION 4 – PARTICULARS OF VEHICLE						
Vehicle No.			Hire Purchase Company			
SECTION 5 – PARTICULARS OF THIRD PARTY						
Any Property Damage ?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Property Owner or TP Vehicle Owner		Contact No.		Property Damage Details or TP Vehicle No. (if any)		
1.						
2.						
3.						
4.						
Any injury to Third Party ?		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Injured Person	Contact No.	Details of Injury	Name of Hospital (if hospitalized)
1.			
2.			
3.			
4.			

BANK ACCOUNT DETAILS (Only for claims settled directly to the Policyholders)

Name of Account Holder		NRIC/Company No.	
Account No.		Name of Bank	

DECLARATION AND AUTHORIZATION

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

I authorise any hospital's doctor and/or other person who has attended or examined me, to furnish to the Company, and/or its authorised representatives, all information relating to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original.

In relation to the personal information collected in this claim form, I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I 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 about the purposes for which his/her 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 agrees and consents, that the Company and/or its service provider may collect, use and process my/his/her personal information for the purpose as it was provided and as indicated in the Company's Privacy Notice at www.berjaysompo.com.my

Signature/Company Stamp of Insured : _____ Signature of Driver : _____

Date : _____ Date : _____

THE REQUIRED SUPPORTING DOCUMENTS OF CLAIM

IMPORTANT NOTE : Please return this form fully completed and signed together with copies of the following documents (**Please tick (✓) whichever is applicable**) :-

STANDARD DOCUMENT FOR ALL TYPE OF CLAIMS

- | | |
|--|---|
| <input type="checkbox"/> Police Report (Except Windscreen not required) | <input type="checkbox"/> Business Registration Form (for company vehicle) |
| <input type="checkbox"/> Driver's Identity Card & Driving License | <input type="checkbox"/> Policy Schedule/Cover Note |
| <input type="checkbox"/> Insured's Identity Card & Driving License | <input type="checkbox"/> Vehicle Permit (for Commercial Vehicle) |
| <input type="checkbox"/> Copy of Vehicle Registration Card | |

PLUS SPECIFIC DOCUMENTS REQUIRED

OWN DAMAGE (OD) / OWN DAMAGE KFK / NOTIFICATION ONLY

- Dashboard Camera Video Clip (if any)
 Photos taken at the scene of loss (if any)

OWN DAMAGE KFK

- KFK declaration letter
 Third Party Police Report
 Police Investigation Result
 JPJ search of Third Party Vehicle Insurer

THEFT

- Hire Purchase Agreement
 AP Form / Custom Declaration Form (for imported model)

WINDSCREEN

- Original photographs before & after repair of damaged windscreen with imprint date (must show the full view of the vehicle, a close-up view of the damaged windscreen, manufacturer of the glass, and the damaged windscreen removed from the vehicle)
 Original repairer's bill / receipt
 Documentary proof of tinted film if there is a claim for the tinted film

IMPORTANT NOTE :

For OD / ODKFK / Windscreen, You are strictly required to send your vehicle to BerjayaSompo's authorized panel of repair workshop or repair centre to carry out the repair.

Please refer to our website at berjaysompo.com.my for the list of our authorized panel of windscreen repairs and replacement centres, collision repair workshops or DRS Quality workshops.