

Claim Form

ENGINEERING

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.		Tax Identification No. (TIN)	
Name of Insured			
Business / Occupation		Tel/Mobile No.	

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. Address on the location of loss/damage			
2. Date and time of loss/damage	Date: dd/mm/yyyy	Time:	
3. (a) How did the loss / damage occur? (Use a supplementary sheet, if necessary)	(a)		
(b) What was the probable cause?	(b)		
4. Which items are loss / damaged and estimated repair / replacement cost?			
(a) Contract/Erection Works	(a)		RM _____
(b) Construction Plant/ Equipment/ Machinery	(b)		RM _____
(c) Principal's Existing Property	(c)		RM _____
5. State name(s) and contact number(s) of the witness (es) to the incident, if any.			
6. Are there any damage to third party property and/or bodily injury to third party? If so, please provide full details.	<input type="checkbox"/> Yes. Property Damage <input type="checkbox"/> No <input type="checkbox"/> Yes. Bodily Injury <input type="checkbox"/> No		

<p>7. (a) Is anyone responsible for the damage? If so, by whom?</p> <p>(b) Is there any possibility of recovery? If so, against whom?</p>	<p>(a) <input type="checkbox"/> Yes. Name:</p> <p><input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes. Name:</p> <p><input type="checkbox"/> No</p>
<p>8. Have you sustained any prior loss/damage and submitted an engineering claim?</p> <p>If so, please provide</p>	<p><input type="checkbox"/> Yes. Insurers' name:</p> <p><input type="checkbox"/> No</p>
<p>9. Is there any other insurance in force at the time of loss/damage?</p> <p>If so, please provide</p>	<p><input type="checkbox"/> Yes. Insurers' name: Policy No:</p> <p><input type="checkbox"/> No</p>

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.

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.berjayasompo.com.my

Authorized Signature: _____

Name: _____

Designation: _____

Date: _____

Please affix Company Stamp, if applicable