

Claim Form

## EQUIPMENT

<b>PLEASE ANSWER EACH QUESTION CLEARLY: TICKS OR DASHES ARE NOT SUFFICIENT</b> 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.			
<b>SECTION A – PARTICULARS OF INSURED/CLAIMANT</b>			
Policy/Certificate No.		Tax Identification No. (TIN)	
Name of Insured			
Business/Occupation		Tel/Mobile No.	
<b>SECTION B – E-PAYMENT FOR PROMPT SETTLEMENT</b>			
Name of Account Holder		NRIC No.	
E-mail Address		Business Registration No.	
Name of Bank		Bank Account No.	
<b>Note:</b> Please support your bank account details by providing a copy of the bank statement for verification.			
<b>SECTION C – PARTICULARS OF DRIVER</b>			
Name			
NRIC/Company No		Occupation / Nature of Business	
Tel No		Relationship with insured	
Does he possess a valid license to operate the Equipment?	<input type="checkbox"/> Yes. License No: Expiry Date: <input type="checkbox"/> No		
<b>SECTION D – PARTICULARS OF EQUIPMENT</b>			
Registration No.		Chassis/Serial No.	
Make		Year of Make	
<b>SECTION E – PARTICULARS OF LOSS</b>			
1. How did the accident/ loss occur?			
2. When was the equipment last seen?	Date: <i>dd/mm/yyyy</i>	Time:	
3. Is there any other insurance in force at the time of damage/ loss?	<input type="checkbox"/> Yes. Insurer's name: Policy No: <input type="checkbox"/> No		
4. Name of other party with interest in the equipment (e.g.	<input type="checkbox"/> Yes. Party's name:		

mortgagee, lessor.  
hirer etc)

No

#### 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.berjaysompo.com.my](http://www.berjaysompo.com.my)

Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Please affix Company Stamp, if applicable