

Claim Form

# LIABILITY

**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**

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

**SECTION B – PARTICULARS OF LOSS**

1. Location of loss/ damage/injury			
2. Date and time of loss/ damage/injury	Date: dd/mm/yyyy	Time:	
3. How did the loss / damage / injury occur? (Use a supplementary sheet, if necessary)			
4. Was the loss / damage / injury reported to Police? If so, to which Police Station?	<input type="checkbox"/> Yes. Police Station: _____ <input type="checkbox"/> No		(Please attach a copy of the police report)
5. What was the extent of loss / damage / injury sustained?			
6. Please provide details of owners of the damaged / lost property. (Use a supplementary sheet, if necessary)	Name:	Address:	
7. Please provide details of any person injured. (Use a supplementary sheet, if necessary)	Name:	Address:	
	IC / Passport No:		
8. Has any claim been made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**(IMPORTANT: Any communication that you receive about the loss/damage/injury should not be answered but sent to the Company immediately)**

<p>9. Have any steps been taken to compromise or settle the matter in any way? If so, what type of compromise and by whom?</p>	<p><input type="checkbox"/> Yes. Please provide details:</p> <p><input type="checkbox"/> No</p>
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**Note:** Please do not discuss the issue of liability with any party without the Company's prior consent.

<p>10. In your opinion, who is / are responsible for the loss / damage / injury caused? Please state your reasons.</p>	
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**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](http://www.berjayasompo.com.my)

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

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

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

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

Please affix Company Stamp, if applicable