



**ACCIDENT CLAIM FORM**  
**BORANG TUNTUTAN KEMALANGAN**

**Important Notice**  
*Notis Penting*

1. This insured is requested to furnish particulars as fully and accurately as possible.
2. This report must be submitted to AIG Malaysia Insurance Berhad (795492-W) ("Company") at once and the acceptance of this form is not in itself an admission of liability on the part of the Company.
3. The insured or driver should make no admission of any liability to any third parties.
4. Every letter, writ of summons and or any form of communication that the insured or driver received regarding the accident should be sent to the Company immediately and unanswered.

1. Pihak diinsuranskan hendaklah memberi maklumat yang tepat di mana yang boleh.
2. Borang ini mesti diserahkan seawal mungkin kepada AIG Malaysia Insurance Berhad (795492-W) ("Syarikat") dan penerimaannya bukan bererti pihak Syarikat mengaku menanggung liabiliti.
3. Pihak diinsuranskan ataupun pemandu kenderaan dilarang daripada mengaku bertanggungjawab kepada mana-mana pihak ketiga.
4. Segala surat, writ saman atau sebarang bentuk surat menyurat yang diterima pihak diinsuranskan atau pemandu kenderaan bersabit kemalangan ini hendaklah dikirinkan kepada Syarikat seawal mungkin dan tanpa berjawab.

This claim form is issued strictly for the following purpose only

- Notification
- Repairs at authorised workshop
- Third party claim

- Issued on \_\_\_\_\_
- Issued by \_\_\_\_\_

**INSURED**  
**PIHAK DIINSURANSKAN**

Name <i>Nama</i>	_____	Car Registration No. <i>No. Kenderaan</i>	_____
NRIC No. <i>No. Kad Pengenalan</i>	_____	Claim Reference <i>No. Rujukan Kami</i>	_____
Address <i>Alamat</i>	_____	Telephone No. <i>No. Telefon</i>	_____
Policy / Cover Note No. <i>Polisi/Nota perlindungan</i>	_____	Email Address <i>Alamat Emel</i>	_____
Occupation <i>Pekerja</i>	_____	Preferred method of communication? <i>Pilihan utama untuk cara komunikasi?</i>	<input type="checkbox"/> Email <i>E-mel</i> <input type="checkbox"/> Mail <i>Surat</i>

Are you a US Citizen (Y/N)?

If 'Yes', please provide your Social Security No. (SSN) : \_\_\_\_\_

Purpose of Use

*Tujuan Penggunaan*

- |  |  |
|--|--|
| <input type="checkbox"/> Social Domestic Pleasure<br><i>Keseronokan Sosial</i>             | <input type="checkbox"/> Hire and Reward<br><i>Sewa dan ganjaran</i> |
| <input type="checkbox"/> To and From Work<br><i>Ulang-alik bekerja</i>                     | <input type="checkbox"/> To be Determined<br><i>Akan ditentukan</i>  |
| <input type="checkbox"/> In Connection with Business<br><i>Berkaitan dengan perniagaan</i> |  |

**DRIVER'S PARTICULARS**  
**MAKLUMAT PEMANDU**

Name of Driver at time of Occurrence  
*Pemandu semasa kemalangan* \_\_\_\_\_

Who was the driver of the vehicle at the time of the loss?  
*Siapakah pemandu kenderaan pada masa kemalangan?*

<input type="checkbox"/> Named Insured <i>Orang yang diinsuranskan</i>	<input type="checkbox"/> Named Driver <i>Pemandu yang dinamakan</i>	<input type="checkbox"/> Unnamed Driver <i>Pemandu yang tidak dinamakan</i>	<input type="checkbox"/> Others <i>Lain-lain</i>	<input type="checkbox"/> None <i>Tiada</i>
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Driver's relationship with insured?  
*Hubungan pemandu dengan pihak diinsuranskan?*

<input type="checkbox"/> Relative <i>Saudara</i>	<input type="checkbox"/> Friend <i>Kawan</i>	<input type="checkbox"/> Employee <i>Pekerja</i>	<input type="checkbox"/> Paid Driver <i>Pemandu Bergaji</i>	<input type="checkbox"/> Others <i>Lain-lain</i>
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Does the driver have a valid license?  
*Adakah pemandu mempunyai lesen yang sah?*

<input type="checkbox"/> Yes <i>Ya</i>	<input type="checkbox"/> No <i>Tidak</i>	<input type="checkbox"/> Unknown <i>Tidak diketahui</i>
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If the driver is a paid driver, the date when he was employed  
*Jika pemandu bergaji, tarikh mula kerja* \_\_\_\_\_

Address  
*Alamat* \_\_\_\_\_

Telephone No.  
*No. Telefon* \_\_\_\_\_

Fax No.  
*No. Faks* \_\_\_\_\_

NRIC No.  
*No. Kad Pengenalan* \_\_\_\_\_

Date of Birth  
*Tarikh kelahiran* \_\_\_\_\_

Office  
*Pejabat* \_\_\_\_\_

Office  
*Pejabat* \_\_\_\_\_

Residence  
*Rumah* \_\_\_\_\_

Residence  
*Rumah* \_\_\_\_\_

Are you a US Citizen (Y/N)?

If 'Yes', please provide your Social Security No. (SSN) : \_\_\_\_\_

How long has the driver held a licence  
*Tempoh pemandu memegang lesen*

<input type="checkbox"/> less than one year <i>kurang daripada satu tahun</i>	<input type="checkbox"/> If others, please specify <i>Jika lain, nyatakan</i>	_____ years <i>tahun</i>	_____ months <i>bulan</i>
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Expiry date of driving licence  
*Tarikh tamat tempoh lesen memandu* \_\_\_\_\_

No: \_\_\_\_\_

Type of licence  
*Jenis lesen* \_\_\_\_\_

Date & details of conviction if any in connection with driving a motor vehicle.

*Tarikh & maklumat sabit kesalahan jika ada berkaitan dengan memandu kenderaan.* \_\_\_\_\_

Date & details of past accidents

*Tarikh & maklumat kemalangan sebelum ini* \_\_\_\_\_

Was the vehicle being driven with the knowledge and consent of the insured?

*Adakah kenderaan di pandu dengan pengetahuan dan izin pihak diinsuranskan?*

- |   |   |
|---|---|
| <input type="checkbox"/> Yes<br><i>Ya</i> | <input type="checkbox"/> No<br><i>Tidak</i> |
|---|---|

Have you made an insurance claim in the last 24 months?

*Pernahkah anda membuat tuntutan insurans dalam 24 bulan yang lalu?*

- |   |                             |   |
|---|-----------------------------|---|
| <input type="checkbox"/> Yes<br><i>Ya</i> | Date<br><i>Tarikh</i> _____ | <input type="checkbox"/> No<br><i>Tidak</i> |
|---|-----------------------------|---|

Was the driver injured?

*Adakah pemandu kenderaan mengalami kecederaan?*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Yes<br><i>Ya</i> | <input type="checkbox"/> No<br><i>Tidak</i> | <input type="checkbox"/> Unknown<br><i>Tidak diketahui</i> |
|---|---|--|

What was the extent of the injury?

*Apakah tahap kecederaan?*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Major<br><i>Kritikal</i> | <input type="checkbox"/> Minor<br><i>Kecederaan Kecil</i> | <input type="checkbox"/> Fatal<br><i>Maut</i> |
|---|---|---|

If yes, where was medical treatment received?

*Jika ya, dimanakah rawatan perubatan yang diterima?* \_\_\_\_\_

**Potential Coverage / Liability Issues**

Potensi Perlindungan / Isu-isu Liabiliti

Was the party charged for being under the influence of drinks or drugs?

Adakah pihak yang didakwa berada di bawah pengaruh minuman keras atau dadah?

 Yes  
Ya No  
Tidak Unknown  
Tidak tahu

Was Seatbelt worn?

Adakah tali pinggang keledar telah dipakai?

 Yes  
Ya No  
Tidak Unknown  
Tidak tahu

Was Hand-held phone device in use?

Adakah telefon bimbit digunakan?

 Yes  
Ya No  
Tidak Unknown  
Tidak tahu

Was ear phone in use?

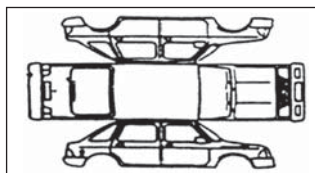
Adakah alat dengar digunakan?

 Yes  
Ya No  
Tidak Unknown  
Tidak tahu**ACCIDENT DETAILS**  
**MAKLUMAT KEMALANGAN**Date of accident \_\_\_\_\_ Day of week \_\_\_\_\_ Time \_\_\_\_\_ am/pm \_\_\_\_\_ Weather \_\_\_\_\_  
Tarikh Kehilangan \_\_\_\_\_ Hari \_\_\_\_\_ Masa \_\_\_\_\_ pagi / petang \_\_\_\_\_ Cuaca \_\_\_\_\_Place of accident \_\_\_\_\_  
Tempat Kemalangan \_\_\_\_\_Description of Incident \_\_\_\_\_ I was driving \_\_\_\_\_  
Perihal Kejadian : \_\_\_\_\_ Semasa saya memandu \_\_\_\_\_

(Please attach a copy of your police report to this form / Sila lampirkan satu salinan laporan polis pada borang ini)

Police Report made at \_\_\_\_\_ Police Station, vide Report No \_\_\_\_\_  
Aduan polis dibuat \_\_\_\_\_ di Balai Polis, Melalui No Laporan \_\_\_\_\_Were there any passengers in the insured's vehicle?  Yes  No  Unknown  
Adakah terdapat mana-mana penumpang dalam kenderaan yang diinsuranskan?  Ya  Tidak  Tidak diketahuiParty at Fault  Insured at Fault  3<sup>rd</sup> Party at Fault  Both at fault  Insured not at fault  
Pihak yang bersalah  Salah pihak yang diinsuranskan  Salah pihak ke-3  Kedua-dua pihak bersalah  Diinsuranskan tidak bersalah**Please give rough sketch of the accident (Specify car registration No.)**  
Lakaran kasar kemalangan (Nyatakan nombor pendaftaran kereta)

Sebelum Kemalangan Before Accident	Selepas Kemalangan After Accident
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Were there any passengers in the insured vehicle?  Yes  No  Unknown  
Adakah terdapat mana-mana penumpang dalam kenderaan yang diinsuranskan?  Ya  Tidak  Tidak diketahuiNumber of Passengers? \_\_\_\_\_  
Bilangan penumpang? \_\_\_\_\_**OWN DAMAGE**  
**KEROSAKAN KEPADA KENDERAAN SENDIRI**Please note that repairs should not be proceeded with until the vehicle is inspected and the estimated cost of repairs are approved by the Company.  
Harap maklum bahawa pembaikan tidak dibenarkan sebelum kenderaan diperiksa dan kos pembaikan diluluskan oleh Syarikat.State extent of damage to your vehicle  Light  Moderate  Severe  None Please describe: \_\_\_\_\_  
Nyatakan tahap kerosakan kepada kenderaan anda  Ringan  Sederhana  Teruk  Tiada  Sila terangkan: \_\_\_\_\_Are you claiming for cost of repairs to your vehicle under your policy? (This is only applicable to comprehensive policy only)  
Adakah anda menuntut kos membaiki kenderaan anda di bawah polisi anda? (Diterima pakai untuk polisi kemprehensif sahaja) Yes  If No, Please state reasons:-  slight damage  claiming against the other party  others, please specify \_\_\_\_\_  
Ya  Jika Tidak, sila nyatakan sebabnya  rosak sedikit  menuntut terhadap pihak ketiga  lain-lain, sila nyatakan \_\_\_\_\_State name and address of workshop \_\_\_\_\_  
Nyatakan nama dan alamat bengkel \_\_\_\_\_  
\_\_\_\_\_Please mark XXX the damage sustained to your vehicle  
Sila tandakan XXX bahagian yang rosak pada kenderaanEstimated Cost \_\_\_\_\_  
Kos yang Dianggarkan : RM \_\_\_\_\_Has the vehicle been towed / needs to be towed?  Yes  No  
Adakah kenderaan telah ditunda / perlu ditunda?  Ya  Tidak**PARTICULARS OF INDEPENDENT EYE-WITNESS**  
**MAKLUMAT SAKSI**Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Nama \_\_\_\_\_ No. Telefon \_\_\_\_\_NRIC No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
No. Kad Pengenalan \_\_\_\_\_ No. Faks \_\_\_\_\_Address \_\_\_\_\_  
Alamat \_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF DAMAGE TO OTHER VEHICLE**  
**MAKLUMAT KEROSAKAN PADA KENDERAAN LAIN**

Vehicle No. \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_  
*Vehicle No.* \_\_\_\_\_ *Nama Syarikat Insurans :* \_\_\_\_\_

Name & Address of Owner Driver \_\_\_\_\_  
*Nama & Alamat Pemunya / Pemandu* \_\_\_\_\_

Is there damage to the vehicle?  Yes  No \_\_\_\_\_  
*Sebarang kerosakan kepada kenderaan? Ya Tidak* \_\_\_\_\_  
 Indicate the severity sustained by third party vehicle  Light  Moderate  Severe  None  
*Sila nyatakan keterukan yang dialami oleh kenderaan pihak ketiga Ringan Sederhana Teruk Tiada*

Number of Passengers? \_\_\_\_\_ Does the driver have a valid driving license?  Yes  No  Unknown \_\_\_\_\_  
*Bilangan Penumpang? Adakah pemandu mempunyai lesen yang sah? Ya Tidak Tidak diketahui* Driving License Number: \_\_\_\_\_  
*No. Lesen memandu*

Details of damage to other property (Other than vehicle) \_\_\_\_\_ Particulars of Damage \_\_\_\_\_  
*Maklumat kerosakan kepada harta benda lain (selain daripada kenderaan) Butiran Kerosakan :*

Please state location and particulars of damage \_\_\_\_\_  
*Sila nyatakan tempat dan butir kerosakan*

Was there any damage to the personal property?  Yes  No \_\_\_\_\_  
*Adakah terdapat apa-apa kerosakan kepada harta benda peribadi? Ya Tidak*

Vehicle Type  Car  Van  Lorry  Truck  Bus  Motorbike \_\_\_\_\_  
*Jenis kenderaan Kereta Van Lori Trak Bas Bas Motosikal* Make & Model \_\_\_\_\_  
*Jenama & Model*

**DETAILS OF PERSON INJURED**  
**BUTIRAN ORANG-ORANG YANG TERCEDERA**

Give particulars of all persons injured. Please indicate if the person injured is a pedestrian, cyclist, motorcyclist, pillion rider, driver or passenger in your vehicle and driver or passenger in the other vehicle.  
*Berikan butiran semua yang tercedera. Adakah yang cedera itu pejalan kaki, penunggang basikal, penunggang motorsikal, pembonceng motorsikal, pemandu atau penumpang dalam kenderaan lain?*

Has the Third Party Driver / Passenger / Pedestrian /cyclist been injured?  Yes  No  Unknown \_\_\_\_\_  
*Adakah pemandu pihak ke-3/penumpang/pejalan kaki/penunggang basikal mengalami kecederaan? Ya Tidak Tidak diketahui*

If Yes, please fill up the information as below.

Name/Address <i>Nama/Alamat</i>	Relationship <i>Hubungan</i>	Age <i>Umur</i>	Nature of Injuries <i>Jenis Kecelakaan:</i>	Where was Medical Treatment Received <i>Dimanakah anda menerima rawatan?</i>	Are you a US Citizen (Y/N)? If Yes, please provide your Social Security No. (SSN) :	Remarks <i>Butiran kecederaan:</i>
	<input type="checkbox"/> Third Party Driver <i>Pihak ke-3</i>					
	<input type="checkbox"/> Passenger <i>Penumpang</i>					
	<input type="checkbox"/> Pedestrian <i>Pejalan kaki</i>					
	<input type="checkbox"/> Cyclist <i>Penunggang basikal</i>					

- |                              |   |                          |  |                          |
|------------------------------|---|--------------------------|--|--------------------------|
| Enclosure<br><i>Lampiran</i> | (1) Photographs of car showing damage & plate number/<br><i>Gambar kereta menunjukkan kerosakan dan nombor plat</i> | <input type="checkbox"/> | (5) Photocopy of both insured's & driver's NRIC /<br><i>Salinan fotostat K.P.pihak Diinsuranskan &amp; Pemandu</i> | <input type="checkbox"/> |
|                              | (2) Close-up photograph showing extent of damage/<br><i>Gambar dekat bagi kerosakan</i>                             | <input type="checkbox"/> | (6) Photocopy policy / covernote<br><i>Salinan fotostat polisi / Nota Perlindungan</i>                             | <input type="checkbox"/> |
|                              | (3) A copy of driver's licence/<br><i>Salinan fotostat lesen pemandu</i>  | <input type="checkbox"/> | (7) Police report (certified true copy)<br><i>Laporan Polis (salinan yang diakui benar)</i>                        | <input type="checkbox"/> |
|                              | (4) Photocopy road tax disc/Registration Card<br><i>Salinan fotostat Cukai Jalan/Kad Pendaftaran</i>                | <input type="checkbox"/> | (8) Workshop quotation /<br><i>Sebut harga Bengkel</i>   | <input type="checkbox"/> |

I hereby declare that the above statements are true to the best of my knowledge and belief.  
*Saya dengan ini mengisytiharkan bahawa kenyataan di atas adalah benar sepanjang pengetahuan dan kepercayaan saya.*

Date \_\_\_\_\_ Signature of Driver \_\_\_\_\_ Signature of Insured \_\_\_\_\_  
*Tarikh Tandatangan Pemandu Tandatangan Pihak Diinsuranskan*

**English**  
 "For all intent and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions, it is hereby agreed that the English version will prevail."

**Bahasa Malaysia**  
 "Boleh dikatakan di mana terdapat konflik atau keaburan berkenaan makna dalam peruntukan Bahasa Inggeris ataupun Bahasa Malaysia, adalah dipersetujui bahawa versi Bahasa Inggeris akan mengatasi dan diikuti."



**E-PAYMENT SYSTEM via CREDIT or GIRO**  
 SISTEM E-PEMBAYARAN melalui CREDIT atau GIRO

**BENEFITS OF E-PAYMENT: Secure, Faster & Convenient**  
 KELEBIHAN E-PEMBAYARAN: Selamat, Lebih Cepat & Mudah

No	Description <i>Penerangan</i>	Remarks <i>Keterangan</i>								
1	<b>Name of Account Holder</b> <i>Nama Pemegang Akaun</i>	Must be the same as per name / company name registered with the bank. <i>Mesti sama seperti nama / nama syarikat yang berdaftar dengan bank.</i>								
2	<b>NRIC or Passport or Company Registration Number</b> <i>Nombor Kad Pengenalan atau Pasport atau Pendaftaran Syarikat</i>	<table border="1"> <tr> <td>NRIC (new)</td> <td></td> </tr> <tr> <td>NRIC (old)</td> <td></td> </tr> <tr> <td>Passport No.</td> <td></td> </tr> <tr> <td>Business Registration No.</td> <td></td> </tr> </table>	NRIC (new)		NRIC (old)		Passport No.		Business Registration No.	
NRIC (new)										
NRIC (old)										
Passport No.										
Business Registration No.										
3	<b>Policy Number</b> <i>Nombor Polisi</i>	Policy number relating to this payment. <i>Nombor polisi berkenaan pembayaran ini.</i>								
4	<b>Telephone Number</b> <i>Nombor Telefon</i>	Telephone number if contact is required. <i>Nombor telefon jika perlu dihubungi.</i>								
5	<b>Bank Account Number</b> <i>Nombor Akaun Bank</i>									
6	<b>Bank Name</b> <i>Nama Bank</i>									
7	<b>E-mail Address</b> <i>Alamat E-mel</i>	Our bank will notify account holder once each remittance has been made. <i>Bank kami akan memaklumkan pemegang akaun setelah pengiriman wang telah dibuat.</i>								

I/We declare and confirm that all information provided is full, complete, true and accurate. I/We have read and agreed to AIG Malaysia's Privacy Policy at <https://www.aig.my/privacy-notice>. If I/We are submitting information relating to another individual, I/We represent and warrant that I/We have the authority to provide that information to AIG and/or its service providers and the individual agrees and consents, that AIG and/or its service providers may collect, use and disclose his/her personal information in accordance with AIG's Privacy Notice. Saya/Kami mengaku dan mengesahkan bahawa semua maklumat yang diberikan adalah penuh, lengkap, benar dan tepat. Saya/kami telah membaca dan bersetuju dengan Polisi Privasi AIG Malaysia di <https://www.aig.my/privacy-notice>. Jika saya/kami memberikan maklumat bagi pihak individu lain, saya/kami mengesahkan bahawa saya/kami mempunyai kebenaran untuk memberikan maklumat individu tersebut kepada AIG dan/atau pembekal servis AIG, dan individu tersebut membenarkan AIG dan/atau pembekal servis AIG untuk mengambil, mengguna dan mendedah maklumat individu tersebut mengikut Notis Privasi AIG.

I/We hereby authorise AIG Malaysia Insurance Berhad to release payment via direct credit or GIRO to above Bank Account. I/We further understand that AIG Malaysia relies on the above information and instruction in order to make payment and in the event of any loss arising from this payment, AIG Malaysia is absolved from any or all liability. Saya/Kami dengan ini membenarkan AIG Malaysia Insurance Berhad untuk membuat pembayaran melalui kredit langsung atau GIRO ke Bank Akaun tertera di atas. Saya/Kami selanjutnya memahami bahawa AIG Malaysia bergantung kepada maklumat dan arahan di atas untuk membuat pembayaran dan AIG Malaysia akan dibebaskan daripada semua liabiliti jika timbul apa-apa kerugian daripada pembayaran ini.

**Signature and/or Company Stamp :**

*Tandatangan dan/atau Cop Syarikat :*

**Name as per NRIC :**

*Nama Penuh seperti di dalam Kad Pengenalan :*

**Date :**

*Tarikh :*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_