



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 / Nama _____

NRIC No. / No. Kad Pengenalan _____

Address / Alamat _____

Policy / Cover Note No. / Polisi/Nota perlindungan _____

Occupation / Pekerja _____

Car Registration No. / No. Kenderaan _____

Claim Reference / No. Rujukan Kami _____

Telephone No. / No. Telefon _____

Email Address / Alamat Emel _____

Preferred method of communication? / Pilihan utama untuk cara komunikasi?

Email E-mel Mail Surat

Are you a US Citizen (Y/N)? / Jika Ya, please provide your Social Security No. (SSN) : _____

Purpose of Use / Tujuan Penggunaan

Social Domestic Pleasure / Kecerohan Sosial

Hire and Reward / Sewa dan ganjaran

To and From Work / Ulang-alik bekerja

To be Determined / Akan ditentukan

In Connection with Business / Berkaitan dengan perniagaan

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?

Named Insured / Orang yang diinsuranskan

Named Driver / Pemandu yang dinamakan

Unnamed Driver / Pemandu yang tidak dinamakan

Others / Lain-lain

None / Tiada

Driver's relationship with insured? / Hubungan pemandu dengan pihak diinsuranskan?

Relative / Saudara

Friend / Kawan

Employee / Pekerja

Paid Driver / Pemandu Bergaji

Others / Lain-lain

Does the driver have a valid license? / Adakah pemandu mempunyai lesen yang sah?

Yes / Ya

No / Tidak

Unknown / Tidak diketahui

If the driver is a paid driver, the date when he was employed / Jika pemandu bergaji, tarikh mula kerja _____

Address / Alamat _____

NRIC No. / No. Kad Pengenalan _____

Telephone No. / No. Telefon _____

Office / Pejabat _____

Residence / Rumah _____

Fax No. / No. Faks _____

Office / Pejabat _____

Residence / Rumah _____

Are you a US Citizen (Y/N)? / Jika Ya, please provide your Social Security No. (SSN) : _____

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

less than one year / kurang daripada satu tahun

If others, please specify / Jika lain, nyatakan _____ years / _____ months / tahun / bulan

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? Yes / Ya No / Tidak

Have you made an insurance claim in the last 24 months? / Pernahkah anda membuat tuntutan insurans dalam 24 bulan yang lalu? Yes / Ya No / Tidak

Was the driver injured? / Adakah pemandu kenderaan mengalami kecederaan? Yes / Ya No / Tidak Unknown / Tidak diketahui

What was the extent of the injury? / Apakah tahap kecederaan? Major / Kritikal Minor / Kecederaan Kecil Fatal / Maut

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

Tarikh Kehilangan

Day of week

Hari

Time

Masa

am/pm

pagi / petang

Weather

Cuaca

Place of accident

Tempat Kemalangan

Description of Incident

Perihal Kejadian :

I was driving

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

Aduan polis dibuat

Police Station, vide Report No

di Balai Polis, Melalui No Laporan

Were there any passengers in the insured's vehicle?

Adakah terdapat mana-mana penumpang dalam kenderaan yang diinsuranskan?

 Yes
Ya No
Tidak Unknown
Tidak diketahui

Party at Fault

Pihak yang bersalah

 Insured at Fault

Salah pihak yang diinsuranskan

 3rd Party at Fault

Salah pihak ke-3

 Both at fault

Kedua-dua pihak bersalah

 Insured not at fault

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
---------------------------------------	--------------------------------------

Were there any passengers in the insured vehicle?

Adakah terdapat mana-mana penumpang dalam kenderaan yang diinsuranskan?

 Yes
Ya No
Tidak Unknown
Tidak diketahui

Number 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

Nyatakan tahap kerosakan kepada kenderaan anda

 Light

Ringan

 Moderate

Sederhana

 Severe

Teruk

 None

Tiada

Please describe:

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 komprehensif sahaja)

 Yes

Ya

 If No, Please state reasons:-

Jika Tidak, sila nyatakan sebabnya

 slight damage

rosak sedikit

 claiming against the other party

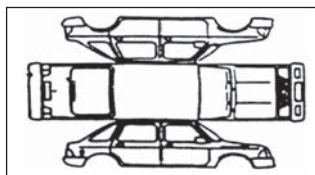
menuntut terhadap pihak ketiga

 others, please specify

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 kenderaan

Estimated Cost

Kos yang Dianggarkan : RM

Has the vehicle been towed / needs to be towed?

Adakah kenderaan telah ditunda / perlu ditunda?

 Yes
Ya No
Tidak**PARTICULARS OF INDEPENDENT EYE-WITNESS****MAKLUMAT SAKSI**

Name

Nama

Telephone No.

No. Telefon

NRIC No.

No. Kad Pengenalan

Fax No.

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 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
<i>Lampiran</i> | (1) Photographs of car showing damage & plate number/
<i>Gambar kereta menunjukkan kerosakan dan nombor plat</i> | <input type="checkbox"/> | (5) Photocopy of both insured's & driver's NRIC /
<i>Salinan fotostat K.P.pihak Diinsuranskan & Pemandu</i> | <input type="checkbox"/> |
| | (2) Close-up photograph showing extent of damage/
<i>Gambar dekat bagi kerosakan</i> | <input type="checkbox"/> | (6) Photocopy policy / covernote
<i>Salinan fotostat polisi / Nota Perlindungan</i> | <input type="checkbox"/> |
| | (3) A copy of driver's licence/
<i>Salinan fotostat lesen pemandu</i> | <input type="checkbox"/> | (7) Police report (certified true copy)
<i>Laporan Polis (salinan yang diakui benar)</i> | <input type="checkbox"/> |
| | (4) Photocopy road tax disc/Registration Card
<i>Salinan fotostat Cukai Jalan/Kad Pendaftaran</i> | <input type="checkbox"/> | (8) Workshop quotation /
<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	Name of Account Holder <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	NRIC or Passport or Company Registration Number <i>Nombor Kad Pengenalan atau Pasport atau Pendaftaran Syarikat</i>	NRIC (new) NRIC (old) Passport No. Business Registration No.
3	Policy Number <i>Nombor Polisi</i>	Policy number relating to this payment. <i>Nombor polisi berkenaan pembayaran ini.</i>
4	Telephone Number <i>Nombor Telefon</i>	Telephone number if contact is required. <i>Nombor telefon jika perlu dihubungi.</i>
5	Bank Account Number <i>Nombor Akaun Bank</i>	
6	Bank Name <i>Nama Bank</i>	
7	E-mail Address <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 :
