



**PERSONAL LINES CLAIM FORM (NON-MOTOR)**  
**BORANG TUNTUTAN PERIBADI (BUKAN MOTOR)**

Householder (Contents) / Houseowner (Building)  
*Insurans isi rumah (Kandungan) / Insurans empunya rumah (Bangunan)*

Others  
*Lain-lain*

Claim No: \_\_\_\_\_ Policy No: \_\_\_\_\_  
*No Tuntutan: \_\_\_\_\_ No Polisi: \_\_\_\_\_*

Name of Insured Person/Member: \_\_\_\_\_  
*Nama Orang yang Diinsuranskan/ Ahli: \_\_\_\_\_*

Present Address: \_\_\_\_\_  
*Alamat Semasa: \_\_\_\_\_*

Preferred method of Communication?  Email  Mail NRIC No: \_\_\_\_\_  
*Pilihan kaedah Komunikasi? E-mel Mel No KP: \_\_\_\_\_*

Telephone No. (Home/Office): \_\_\_\_\_ Occupation: \_\_\_\_\_  
*No Telefon (Rumah/Pejabat): \_\_\_\_\_ Pekerjaan: \_\_\_\_\_*

Email Address: \_\_\_\_\_ Date & Time of Loss/Event: \_\_\_\_\_  
*Alamat E-mel: \_\_\_\_\_ Tarikh & Masa Kerugian/Peristiwa: \_\_\_\_\_*

Account of incident in detail: \_\_\_\_\_  
*Penerangan kejadian secara terperinci: \_\_\_\_\_*

Name & Address of witness to incident: \_\_\_\_\_  
*Nama & Alamat saksi kejadian: \_\_\_\_\_*

Has prior claim been made under this Policy? \_\_\_\_\_  
*Adakah tuntutan terdahulu pernah dibuat di bawah Polisi ini? \_\_\_\_\_*

Name & Address of Third Party: \_\_\_\_\_  
*Nama & Alamat Pihak Ketiga: \_\_\_\_\_*

Is the Third Party a US Citizen?  Yes  No  
*Adakah Pihak Ketiga Warganegara Amerika Syarikat? Ya Tidak*

If 'Yes', please provide their Social Security Number (SSN): \_\_\_\_\_  
*Jika 'Ya', sila nyatakan Nombor Keselamatan Sosial mereka (SSN): \_\_\_\_\_*

Details of Injury: \_\_\_\_\_  
*Butiran Kecederaan: \_\_\_\_\_*

Details Propert Damage: \_\_\_\_\_  
*Butiran Kerosakan Harta: \_\_\_\_\_*

**COMPLETE ONLY THE RELEVANT SECTION LENGKAPKAN BAHAGIAN YANG BERKAITAN SAHAJA**

Damage items can be viewed at: \_\_\_\_\_  
*Item yang rosak boleh dilihat di: \_\_\_\_\_*

Telephone No: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
*No Telefon: \_\_\_\_\_ Rujukan: \_\_\_\_\_*

Statement of Claim: \_\_\_\_\_  
*Pernyataan Tuntutan: \_\_\_\_\_*

Property/Items Insured <i>Harta/Item Diinsuranskan</i>	Date Purchased <i>Tarikh Dibeli</i>	Value (Cost) <i>Nilai (Kos)</i>	Depreciation <i>Susut Nilai</i>	Value at time of Loss <i>Nilai pada masa Kerugian</i>	Value of Claims <i>Nilai Tuntutan</i>
Total Jumlah					

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

Date: \_\_\_\_\_ Signature of Insured/Member: \_\_\_\_\_  
*Tarikh: \_\_\_\_\_ Tandatangan Orang yang Diinsuranskan/Ahli: \_\_\_\_\_*



**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>	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 :*

\_\_\_\_\_

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