



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 dikirimkan 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
<i>Keseronokan Sosial</i> | <input type="checkbox"/> Hire and Reward
<i>Sewa dan ganjaran</i> |
| <input type="checkbox"/> To and From Work
<i>Ulang-alik bekerja</i> | <input type="checkbox"/> To be Determined
<i>Akan ditentukan</i> |
| <input type="checkbox"/> In Connection with Business
<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 _____

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>
----------------------------------------------------------------------------------	----------------------------------------------------------------------------------	-----------------------------	------------------------------

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?

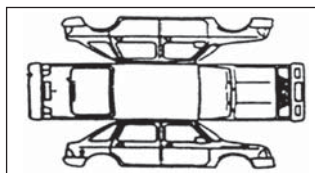
 Yes
Ya No
Tidak Unknown
Tidak tahu**ACCIDENT DETAILS**
MAKLUMAT KEMALANGANDate of accident _____ Day of week _____ Time _____ am/pm _____ Weather _____
Tarikh Kehilangan _____ Hari _____ Masa _____ pagi / petang _____ Cuaca _____Place of accident _____
Tempat Kemalangan _____Description of Incident _____ 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 3rd 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 SENDIRIPlease 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 komprehensif 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 SAKSIName _____ 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 Make & Model _____
Jenis kenderaan *Kereta* *Van* *Lori* *Trak* *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

If you would like to receive payment via direct credit or GIRO, please tick the box provided and complete the information required below.

No	Description <i>Penerangan</i>	Remarks <i>Keterangan</i>	
1	Name / Company Name <i>Nama / Nama Syarikat</i>	Same as invoice. <i>Sama seperti invois.</i>	
2	Home Address / Company Address <i>Alamat Rumah / Alamat Syarikat</i>		
3	Name of Account Holder <i>Nama Pemegang Akaun</i>	i) Must be the same as per name registered with the bank. / <i>Mesti sama seperti nama yang berdaftar dengan bank.</i> ii) If account holder is not the same as item (i) above, please provide relationship to the Company. / <i>Jika pemegang akaun tidak sama dengan pekara (i), sila jelaskan hubungan dengan Syarikat.</i>	
4	NRIC or Company Registration Number <i>Nombor Kad Pengenalan atau Nombor Pendaftaran Syarikat</i>		
5	Name of Bank <i>Nama Bank</i>		
6	Account Number <i>Nombor Akaun</i>		
7	Email 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>	
8	Contact Number <i>Nombor Telefon</i>		
9	Type of Business <i>Jenis Perniagaan</i>	For Company only. <i>Untuk Syarikat sahaja.</i>	

I/We declare and confirm that all information provided are full, complete, true and accurate. I hereby authorise AIG Malaysia Insurance Berhad to release payment via direct credit or GIRO to above Bank Account. I 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 mengaku dan mengesahkan bahawa semua maklumat yang diberikan adalah penuh, lengkap, benar dan tepat. Saya dengan ini membenarkan AIG Malaysia Insurance Berhad untuk membuat pembayaran melalui kredit langsung atau GIRO ke Bank Akaun tertera diatas. Saya selanjutnya memahami bahawa AIG Malaysia bergantung kepada maklumat di atas dengan arahan untuk membuat pembayaran. AIG Malaysia akan dibebaskan daripada semua liabiliti jika timbul apa-apa kerugian daripada pembayaran ini.

Name as per NRIC :

Nama Penuh seperti didalam Kad Pengenalan : _____

Position :

Jawatan : _____

Date :

Tarikh : _____

Signature and/or Company Stamp :

Cop syarikat dan/atau Tandatangan : _____