



GRAB PERSONAL ACCIDENT CLAIM FORM

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment. The list of documents required is not exhaustive and we reserve the right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be emailed to us together with all supporting documents as soon as possible to mypaclaims@aig.com

Please see the privacy policy at <https://www.aig.my/privacy-notice>

A. Documents Required for Submission of Your Claim:

1. Duly completed claim form
2. Copy of police report
3. Copy of driving license (applicable for Driver and Delivery Partner)
4. Birth certificate (applicable if the Insured is below the age of 18)

B. Additional documents by type of claims:

Accidental Medical Expenses

- Original receipt(s) with proof of diagnosis
- All relevant medical and examination reports

Accidental Death

- Copy of death certificate
- Detailed post-mortem report
- Toxicology report (where applicable) – Only for Driver and Delivery Partner
- Copy of claimant's identity card and proof of relationship

Burns (3rd Degree)

- All relevant medical and examination reports

Permanent Disablement

- Medical report from treating doctor
- Medical specialist report confirming the Permanent Disablement and percentage of disability

Section I – General Information (REQUIRED)

Name of Policyholder: Grabcar Sdn Bhd	Policy No.: PA20005193	Grab Booking ID No.:
Name of Insured (as per NRIC / Passport):		Insured's NRIC No./Passport No.:
Name of Claimant (as per NRIC / Passport): (Only applicable for fatal claim)	Claimant's NRIC No./Passport No.:	Relationship between Claimant & Insured:
Name of Parent/Legal Guardian(Only applicable if the Insured is below the age of 18):		Parent/Legal Guardian's NRIC /Passport No.:
Insured/Claimant's E-mail Address:	Insured/Claimant's Mobile Phone No.:	Mailing Address:
Claim Item (please tick): <div style="display: flex; justify-content: space-around;"> Accidental Death Permanent Disablement </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Amount RM _____ Accidental Medical Expenses Burns (3rd Degree) </div>		
Bank Details for E-Payment		
Account Holder's Name (Must be the Insured or Insured's Parent/ Legal Guardian if the Insured is below the age of 18):		
Bank Name:		
Account Number:	Tax Identification Number (TIN):	

Section II – Details of Injury / Incident

Date and time of the injury/incident : DD MM YYYY A.M. / P.M.	Date of first consultation with doctor/hospital:	Nature of injury /incident :
In the case of injury, where and how did the accident occur?		
Part of body affected:	Name of the attending doctor:	Address of where the patient is treated:

Section III – Declaration and Authorization

DECLARATION AND AUTHORIZATION

I/We do solemnly declare that the forgoing particulars are true and correct in every detail. I/We agree that if I/we have made, or, in any further declaration in respect of the said claim, if I/we shall make any false or fraudulent statements or suppress, omit to disclose, or falsely state any material fact whatsoever, this claim shall be voided and all rights of recovery in connection with this claim shall be forfeited.

I/We hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I/my ward have/has been observed or treated, to give full particulars about my/my ward's health including my/my ward's whole medical. history in respect of this hospitalization/surgery to AIG Malaysia.

I/We declare and confirm that all information provided are full, complete, true and accurate. I hereby authorize AIG Malaysia to release payment via direct credit or GIRO to the 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.

Signature of Claimant

Date Signed