



LONPAC INSURANCE BHD (307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886
Website: www.lonpac.com



Equipment Claim Checklist

In order for us to deal with your claim expeditiously , please let us have the following document;

No	Necessary Documents	Please (✓)
1	Claim Form	
2	ECP Form	
3	A copy of the hospital bill	
4	Photographs depicting the damaged equipment	
5	Original historical purchase invoice/bill of the damaged equipment	
6	Original replacement invoice/bill for the equipment	
7	A copy of the Insured Person's Identity Card	

***Remarks: The above request is not intended to be all inclusive as the need for additional information/documents may become necessary during the course of our analysis.**