



LONPAC INSURANCE BHD

(307414-T)

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NOTICE OF CLAIM FOR SPORTS EQUIPMENT

(This form is issued without admission of liability and is to be filled up should your Sports Equipment was accidentally damaged whilst you are using the Sports Equipment to perform Sports (with provision that You sustained Sport related Bodily Injury which requires Hospitalisation at the same time). Any documentary proof or report required by the Company shall be furnished at the expenses of the Policyholder or Claimant. All questions must be fully answered to expedite claim processing.)

A. POLICYHOLDER / CLAIMANT

1 INSURED'S NAME _____ POLICY NO. _____

2 ADDRESS _____

3 TEL / MOBILE _____ EMAIL _____

4 NRIC/PASSPORT NO. _____

5 OCCUPATION _____

6 DATE OF DAMAGE _____

7 PLACE _____

8 ARE YOU THE SOLE OWNER OF THE PROPERTY DAMAGED?

9 ARE THERE ANY OTHER INSURANCE WHICH WOULD COVER THIS LOSS ?
NAME OF INSURED COMPANY & POLICY NO.

10 FULL PARTICULARS OF CIRCUMSTANCES SURROUNDING THE DAMAGE TO THE BEST OF YOUR KNOWLEDGE AND BELIEF.

DECLARATION

I/We hereby declare the foregoing particulars to be true in every respect and that no information has been suppressed and that the sum claimed as set out overleaf represents the amount I/We are entitled to claim in terms of the Policy and the Instructions contained herein.

Date : _____

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Signature of Claimant

* PLEASE COMPLETE DETAILS ON BACK OF THIS FORM

