



LONPAC INSURANCE BHD (307414-T)

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NOTICE OF CLAIM UNDER PERSONAL ACCIDENT POLICY NOTIS TUNTUTAN DIBAWAH POLISI KEMALANGAN PERIBADI

N.B. The issue of this Form is not an admission of liability by the Company.
This Form must be fully completed and returned to the Company.

N.B. Pengeluaran Borang ini bukan pengakuan liabiliti oleh Syarikat.
Borang ini mesti diisi penuh dan dikembalikan kepada Syarikat.

Policy No. / No. Polisi : _____

Claim No. / No. Tuntutan : _____

DETAILS OF INSURED / BUTIR-BUTIR PEMEGANG POLISI

1. Name of Insured Nama Pemegang Polisi	:																																				
2. Address Alamat	:																																				
3. Telephone No No. Telefon	:					-					(O)	4. Handphone No. No. Telefon Bimbit	:					-																			
	:					-					(H)		:																								
5. Email Address Alamat Emel	:																																				
6. Occupation Pekerjaan	:																																				
7. Name of Employer Nama Majikan	:																																				
8. Nature of business (if self employed) Jenis perniagaan (jika perniagaan sendiri)	:																																				

1. Name of Injured Person Nama Tercedera	:																																				
2. Address Alamat	:																																				
3. I.C. No. No. Kad Pengenalan	:					-					-																										
4. Handphone No. No. Telefon Bimbit	:					-																															
5. Telephone No. No. Telefon	:					-					(O)	6. Email Address Alamat Emel	:																								
	:					-					(H)		:																								
7. Age Umur	:			Sex : Jantina:	<input type="checkbox"/> Male Lelaki	<input type="checkbox"/> Female Perempuan	Marital Status : Taraf Perkahwinan:	<input type="checkbox"/> Married Kahwin	<input type="checkbox"/> Single Bujang	<input type="checkbox"/> Divorced Bercerai	<input type="checkbox"/> Widow/Widower Janda/Duda																										
8. Occupation Pekerjaan	:																																				
9. Date of Accident Tarikh Kemalangan	:					-					-					Time: Masa:																					
10. Place of Accident Tempat Kemalangan	:																																				

<p>11. Describe in detail : How the accident occurred ? <i>Terangkan dengan jelas bagaimana kemalangan berlaku ?</i></p>	
<p>12. State what you were doing at the time of accident ? <i>Nyatakan apakah yang anda sedang lakukan pada masa kemalangan ?</i></p>	
<p>13. Describe in detail the injury suffered by you ? <i>Nyatakan dengan jelas kecederaan yang dialami oleh anda ?</i></p>	
<p>14. Name and Address of any Person who sent you to Hospital ? <i>Nama dan alamat sesiapa yang membawa anda ke Hospital ?</i></p>	
<p>15. Name and Address of any Person who witnessed the accident ? <i>Nama dan Alamat sesiapa yang menyaksikan kemalangan itu ?</i></p>	
<p>16. Nama and Address of Medical Practitioner who attended to you after the accident ? <i>Nama dan Alamat Pegawai Perubatan yang dijumpai selepas kemalangan ?</i></p>	
<p>17. Are you entitled to receive compensation from any other Insurers in respect of this Injury ? If so, please state : <i>Adakah anda layak menerima pampasan dari syarikat-syarikat insuran yang lain berkaitan dengan kecederaan ini ? Jika ya, nyatakan :</i></p> <p>a) Name of Insurance Company ? <i>Nama Syarikat Insuran ?</i></p> <p>b) Amount you are insured for ? <i>Jumlah anda diinsuran ?</i></p>	

DECLARATION / PERAKUAN

I/We hereby declare the foregoing particulars to be true in every aspect and that no information has been suppressed.
Saya/Kami mengaku bahawa butir-butir diatas adalah benar dari semua segi dan tiada maklumat yang ditiadakan.

Date: _____

Tarikh: _____

Signature of Claimant / *Tandatangan Penuntut*
(Company chop where applicable)
(*Chop Syarikat dimana perlu*)