



Insurance & Takaful

All Risks Claim Form

Important Notice:

- The participant/policy holder/claimant must give complete and accurate information.
For your easy accessibility, this claim form is made available at our website www.etiqa.com.my

Details of Participant / Policy Holder / Claimant

Form section for participant details including Name, NRIC, Contact Details, Address, Postcode, Town, State, Country, Bank Name, and Account No.

Details of the Accident / Loss

Form section for accident details including checkboxes for Fire, Flood, Windstorm, Robbery, Theft, Fraudulent, Others, Date of Accident, Time, Location, Damaged Property, Property Owner Name, Loss Caused by Specific Person, Loss Caused Damaged / Injury to Third Party, Estimated Loss, Injury to Third Party, and Property Damage Condition.

Note: Please include attachment:

- Police Report (if any)
Fire Brigade Report (if any)
Complaints documents received (if any)

Declaration

I/We declare that the above statements and particulars are correct and complete in every aspect and I/We have not concealed, misrepresented or misstated any material fact in relation to this claim.

I/We agree that if such statements and particulars are written by any other person, such person shall be deemed to have been my/our Agent for the purpose of filing in this form and his statement shall be binding upon me/us.

I/We hereby agree to give my/our fullest cooperation to Etiqa Insurance Berhad/Etiqa Takaful Berhad or its authorized representative in relation to this claim.

Signature of Participant / Policy Holder / Claimant

(dd/mm/yyyy)



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