



Non Motor Insurance Claim Form

Important Notice:

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

General

Policy no.:					
Name / Name of Company:					
MyKad / Army / Police / Passport no./ Company registration no.:			Trade / Occupation:		
Contact details:	Phone no.:	Mobile:	Home:	Office:	
	Email:				
Address:					
Postcode:	Town:	State:	Country:		
Bank name:				Account no.:	

Details of incident

<input type="checkbox"/> Fire	<input type="checkbox"/> Flood	<input type="checkbox"/> Windstorm	<input type="checkbox"/> Robbery
<input type="checkbox"/> Theft	<input type="checkbox"/> Cheating	<input type="checkbox"/> Other:	
Date of incident (dd/mm/yyyy):	Time (am/pm):		
Location of the property at the time of the incident:			
Brief description of the incident			
Was the incident reported to the police?	<input type="checkbox"/> Yes, please furnish a copy of police report.	<input type="checkbox"/> No	
Was the incident (if fire) reported to the fire brigade?	<input type="checkbox"/> Yes, please furnish a copy of fire brigade report.	<input type="checkbox"/> No	
Who discovered the incident?			
Have you experienced the same incident before?	<input type="checkbox"/> Yes, please state:		<input type="checkbox"/> No
	No. of occurrence:		
	Date of the most recent incident:		
Are you the sole owner of the lost, damaged or destroyed property?	<input type="checkbox"/> Yes		<input type="checkbox"/> No, please provide:
	Name of other interested party:		
	Nature of their interest:		
Was the premise unoccupied at the time of loss or damage?	<input type="checkbox"/> Yes, please state:		<input type="checkbox"/> No
	Date (dd/mm/yyyy) when last occupied:		
Is this loss or damage covered by any other insurance policy (ies)?	<input type="checkbox"/> Yes, please provide a copy of the policy (ies)/ certificate.		<input type="checkbox"/> No

Additional information

Was the loss/ damage caused by a specific individual/ party?	<input type="checkbox"/> Yes, please provide details:		<input type="checkbox"/> No	
	Name:			
	Address:			
	Postcode:	Town:	State:	Country:

