



Insurance & Takaful

## Public Liability 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](http://www.etiqa.com.my)

### Details of Participant / Policy Holder / Claimant

Name/ Name of Company				
NRIC / Army / Police / Passport No./ Company Registration No.				
Contact Details <i>(if changed)</i>	Phone No	Mobile	House	Office
	Email			
Address <i>(if changed)</i>				
Postcode	Town	State	Country	
Bank Name		Account No.		

### Details of the Accident

Date	_____ (dd/mm/yyyy)
Location of Loss	
Cause of Loss	
Extend Of Loss	

### Details of the Damage / Injury

Injured Person				
Contact Details	Phone No	Mobile	House	Office
	Email			
Injury Type				
<input type="checkbox"/> Not injured	<input type="checkbox"/> Slight Injury	<input type="checkbox"/> Severe Injury	<input type="checkbox"/> Death	
Damaged Property				
Damaged Type				
<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious		
Property Owner				
Contact Details	Phone No	Mobile	House	Office
	Email			
Estimated Loss Amount (RM)				

### 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)

Etiqa Takaful Berhad (266243D)

Etiqa Insurance Berhad (9557T)

Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur, Malaysia

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Etiqa Online 1300 13 8888

Claim Assist 1300 88 1007

Ahli Kumpulan Maybank



\*BCBHZZ\*