



Insurance & Takaful

## Workmen's Compensation / Foreign Worker Compensation 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 (if changed)	Phone No	Mobile	House	Office
	Email			
Address (if changed)				
Postcode	Town	State	Country	
Bank Name		Account No.		

### Details of Injured Worker

Name	
NRIC / Passport No.	Nationality
Foreign Worker ID Card No	
Occupation	Date Commencement of Work _____ (dd/mm/yyyy)
Purpose of Notice	<input type="checkbox"/> For Notification only <input type="checkbox"/> Claim

### Details of the Accident

Claim Classes	<input type="checkbox"/> Accident During Working Hours <input type="checkbox"/> Accident Outside Working Hours
Claim Type	<input type="checkbox"/> Death <input type="checkbox"/> Permanent Disablement <input type="checkbox"/> Temporary Disablement <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Repatriation Expenses <input type="checkbox"/> Others _____
Date of Accident	_____ (dd/mm/yyyy) Time of Accident (am/pm)
Location of Accident	
Description of Accident	
Name of Witness (if any)	Contact No

### Details of the Injury

Injuries Sustained			
Particulars of Attending Physician After the Accident			
Name of Doctor			
Address			
Postcode	Town	State	Country
Contact No			
Worker Last Working Date before Accident	_____ (dd/mm/yyyy)	Worker First Working Date after Accident	_____ (dd/mm/yyyy)

**Note: Please include attachment:**

- Police Report (if any)
- Labour Office Report (if any)
- Salary Statement of injured worker for 6 months period prior to the accident or from the first month employment

### 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



\*BCBKZZ\*