

## All Risks Claim Form

**Important Notice:**

- The 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 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		Bank Name		

### Details of the Accident / Loss

Please tick whichever is applicable:

<input type="checkbox"/> Fire	<input type="checkbox"/> Flood	<input type="checkbox"/> Windstorm	<input type="checkbox"/> Robbery
<input type="checkbox"/> Theft	<input type="checkbox"/> Fraudulent	<input type="checkbox"/> Others _____	

Date of Accident	Time (am/pm)			
Location of Accident				
Damaged Property				
Property Owner Name				
Contact Details	Phone No	Mobile	House	Contact Details
	Email			
Loss Caused by Specific Person/ Party? If Yes, Please State Name and Address	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Name			
	Address			
	Postcode	Town	State	Country
Loss Caused Damaged/ Injury to Third Party? If Yes, Please State Name and Address	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Name			
	Address			
	Postcode	Town	State	Country
Estimated Loss (RM)				
Injury to Third Party				
<input type="checkbox"/> Not Injured	<input type="checkbox"/> Slight Injury	<input type="checkbox"/> Severe Injury	<input type="checkbox"/> Death	
Property Damage Condition				
<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious		

*Note: Please include attachment: Police Report (if any), Fire Brigade Report (if any) and Complaints documents received (if any)*

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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 General Insurance Berhad or its authorized representative in relation to this claim.

\_\_\_\_\_  
Signature of Policy Holder/ Claimant  
(dd/mm/yyyy)