



Insurance & Takaful

Motor 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

Claim Type:

OD Own Damage WS Windscreen Damage TL Total Loss TF Theft TPPD Third Party Property Damage TPBI Third party Bodily Injury

Accident Information

Vehicle Number	Date of Accident	(dd/mm/yyyy)
Purpose of Notice	<input type="checkbox"/> For Notification only	<input type="checkbox"/> Claim (If yes, please tick Claim Type)
Claim Type	<input type="checkbox"/> OD <input type="checkbox"/> WS <input type="checkbox"/> TL <input type="checkbox"/> TF <input type="checkbox"/> TPPD <input type="checkbox"/> TPBI	

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			
Bank Name	Account No.			

Details of the Driver

Name			
Relationship with Policy Holder	Contact No.		

List the Name of Passengers in your vehicle at the Time of Accident

No.	Name
1.	
2.	
3.	
4.	
5.	

Details of Third Party Damage / Injury

Injury to Own Passenger	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Injury to Third Party	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Damage to Third Party Vehicle / Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Third Party Vehicle Details

Vehicle Number	Type
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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)

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Claim Assist 1300 88 1007

Ahli Kumpulan Maybank



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