

Allianz General Insurance Company (Malaysia) Berhad (735426-V)

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N.B. The issue of this form is not an admission of liability by the Company.

NOTICE OF CLAIM

THE CLAIMANT IS REQUESTED TO NOTE :

- (a) Before submitting details of loss or damage the Claimant is requested to read the Conditions of the policy.
- (b) This form must be filled up and delivered to the Company together with proof of value within 14 days of its receipt by the Claimant.
- (c) The Claimant must promptly take all practicable steps including the giving of immediate notice to the Police for discovering and punishing any party or parties, if any, and for tracing and recovering the property lost.
- (d) As it is a condition of the policy that it shall be void if any false statement or declaration be made in support of a claim, care should be exercised in filling up this form.
- (e) Particulars of the claim should be stated as fully as possible and any suspicions as to parties implicated should be communicated to the Company.

1. Insured's Name
2. Address
3. Occupation
4. Date of Loss or Damage Time Place
5. Police Station to which loss was reported and report No Date
6. Full particulars of circumstances surrounding the loss or damage to the best of your knowledge and belief.
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7. Has thorough search been made for the articles(s)?
8. (a) By whom was loss discovered?
- (b) Date and time when article(s) last seen
- (c) By whom last seen and where?
9. Have you any suspicion as to any parties implicated?
- If so, please give particulars
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10. Are you the sole owner of the property lost or damaged?
11. Is the property in respect of which you are making a claim insured with any other Insurer against all or any of the risks covered by above Policy? If so, please give particulars:
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12. Have you ever made a claim on any Insurer in respect of loss or damage by any of the risks covered by the above Policy?
- If so, please give particulars:
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13. Have you ever before sustained :-
(a) Loss by theft?
- (b) Loss or damage to any article of value from any other cause?
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DECLARATION

I/We hereby declare the foregoing particulars to be true in every respect and that no information has been suppressed and that the sum claimed as set out overleaf represents the amount I/we are entitled to claim in terms of the Policy and the Instructions contained herein.

DATE SIGNATURE OF CLAIMANT

PLEASE COMPLETE DETAILS ON BACK OF THIS FORM

