

# NOTIFICATION OF CLAIM - TRYKE PERSONAL ACCIDENT INSURANCE

Please answer all questions and  boxes where appropriate. Leaving a question blank may result in delays in settling your claim.

Policyholder's Name: .....

NRIC: ..... Passport No: .....

Contact No: (O)..... (H)..... (HP).....

Claimant's Name (as per IC / Passport): .....

NRIC: ..... Passport No: .....

Contact No: (O)..... (H)..... (HP).....

Address: ..... Postcode: .....

Email Address: .....

Date of Accident (dd/mm/yyyy): ..... Time: .....  am  pm

## CLAIMANT'S BANK DETAILS (FOR MALAYSIAN ACCOUNT ONLY)

Bank Account No: ..... Bank Name: .....

Please fill in the flight information. Leaving this section blank would result in delays in settling your claims.

I am filing a claim in respect of: - (Please  the relevant boxes and fill in the blanks)

1. ACCIDENTAL DEATH AND PERMANENT DISABLEMENT	
Accidental Death <input type="checkbox"/>	Total Permanent Disablement <input type="checkbox"/>
Description of incident/Injury: .....	
Nature of Injury: .....	
Are there any other insurance policies covering you for this incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "Yes", please specify name of insurer, policy number and amount recoverable.	
Insurer: .....	Policy No.: ..... Amount: .....

2. MEDICAL EXPENSES REIMBURSEMENT	<input type="checkbox"/>
Please state nature of incident:.....	
.....	
.....	

  

3. PERSONAL LIABILITY	<input type="checkbox"/>
Please state nature of incident:.....	
.....	
.....	

DECLARATION	
I/We hereby declare that the above statements and particulars are correct and complete in every respect and I/We have not concealed, misrepresented or misstated any material fact.	
I/We agree that if such statements and particulars are written by any other person, such person shall be deemed to have my/our Agent for the purpose of filling in this form and his statement shall be binding upon me/us	
I/We hereby acknowledge and understood the contents of the Personal Data Protection Act 2010 and agree to give my fullest co-operation to Tune Protect Malaysia or its representative in relation to this claim	
.....	.....
<b>Name</b>	<b>Signature</b>
<b>Date:</b> ..... / ..... / .....	

### SECTION 3: CHECKLIST ON THE REQUIRED SUPPORTING DOCUMENTS BY TYPE OF CLAIM

The following checklist will help you assemble the documents required to support your claim

- Please note:**
- i) **Dependent upon the circumstances, we may require other evidence to support your claim; in which case we will contact you.**
  - ii) **Failure to provide the supporting documents may result in a delay of your claim.**
  - iii) **Please provide translation if the supporting document is not in English, at your own expense.**

#### COMPULSORY FOR ALL TYPES OF CLAIM

Duly completed Claim Form

#### PERSONAL ACCIDENT BENEFIT (Death and TPD)

- Copy of Specialist Medical Report where required
- Original medical Bills/Invoices
- Original or certificate true copy of police report of the accident
- Copy of Death Certificate, burial permit and post mortem report where applicable
- Sijil Faraid issued by Mahkamah Syariah (For Muslim - Accidental Death)
- Nomination Form or Letter of Administration (For Non-Muslim - Accidental Death)
- Photograph depicting the dismemberment

#### MEDICAL EXPENSES REIMBURSEMENT

- Original Bills
- Original receipts issued by the clinic/ hospital
- Copy of medical report from attending doctor
- Discharge note/ summary from hospital/ clinic

#### PERSONAL LIABILITY

- Original medical report / bills
- Copy of medical specialist report where required
- Photograph of injury
- Original or certified true copy of police report of the accident
- Copy of death certificate, burial permit and post mortem report where applicable