



# MSIG

**MSIG Insurance (Malaysia) Bhd**

Registration No. 197901002705 (46983-W)

Head Office: Customer Service Centre, Level 15, Menara Hap Seng 2,

Plaza Hap Seng, No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur

Tel +603 2050 8228, Fax +603 2026 8086, Customer Service Hotline 1 800 88 MSIG (6744)

[www.msig.com.my](http://www.msig.com.my)

A member of **MS&AD** INSURANCE GROUP

## NOTICE OF CLAIM / BORANG TUNTUTAN Property Insurance / Insurans Harta Benda

### THE CLAIMANT IS REQUESTED TO NOTE / PERINGATAN KEPADA PIHAK YANG MENUNTUT:

- Before submitting details of loss or damages the Claimant is requested to read the conditions of the policy.  
*Pihak yang menuntut hendaklah membaca syarat-syarat polisi sebelum mengemukakan tuntutan.*
- This form must be completed and delivered to the Company within 7 days of its receipt by the Claimant.  
*Borang ini hendaklah dilengkapkan dan diserahkan kepada Penanggung Insurans dalam masa 7 hari selepas diterima oleh pihak yang menuntut.*
- The Claimant must promptly take all practicable steps including the giving of immediate notice to the Police for discovering and punishing any guilty party or parties, if any, and for tracing and recovering of property lost.  
*Pihak yang menuntut mestilah dengan segera mengambil langkah-langkah yang praktik termasuk melaporkan kepada pihak polis dengan serta-merta tentang penemuan dan hukuman ke atas pesalah atau pesalah-pesalah, jika ada, dan penemuan harta benda yang hilang.*
- 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 completing this form.  
*Seperti yang tersyarat di dalam polisi, ianya akan terbatal jika terdapat sebarang kenyataan/keterangan palsu yang dibuat untuk menyokong tuntutan, dengan itu borang ini hendaklah diisi dengan berhati-hati.*
- Particulars of the claim should be stated as fully as possible and any suspicion as to parties implicated should be communicated to the Company.  
*Butiran tuntutan hendaklah dinyatakan dengan sepenuhnya dan sebarang kecurigaan terhadap pihak yang disyaki hendaklah dimaklumkan kepada Penanggung Insurans.*
- This form is sent without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the policy conditions the insured may have committed.  
*Borang ini diserahkan tanpa prasangka, tertakluk kepada peraturan-peraturan dan syarat-syarat polisi dan tidak boleh dianggap sebagai pelepasan oleh Penanggung Insurans ke atas sebarang kemungkiran syarat-syarat polisi yang mungkin telah dilakukan oleh pihak yang diinsuranskan.*
- The acceptance of this form is not in itself an admission of liability on the part of the Company.  
*Penerimaan borang ini tidak boleh dianggap sebagai penerimaan tanggungan oleh Penanggung Insurans*

### THE INSURED / PIHAK YANG DIINSURANSKAN

Name of Insured / Nama Yang Diinsuranskan:

Tel. No. / No. Telefon:

Address / Alamat:

Occupation/Business / Pekerjaan/Perniagaan:

Policy No. & Expiry Date / No. Polisi & Tarikh Luput:

### THE PROPERTY / HARTA BENDA

Description of Property destroyed/damage/lost  
*Butir-butir Harta Benda yang musnah/rosak/hilang*

Date & time of Fire/Loss/Accident  
*Tarikh & masa Kebakaran/Kehilangan/Kemalangan*

Location of Property destroyed/damage/lost  
*Lokasi Harta Benda yang musnah/rosak/hilang*

Describe in detail how it occurred (use supplementary sheet if necessary) <i>Nyatakan secara terperinci bagaimana ia berlaku          (gunakan helaian tambahan jika perlu)</i>		
At which Police Station report was made <i>Di Balai Polis manakah laporan dibuat</i>	Report No.: <i>No. Laporan:</i>	
State interested party in the Property (e.g. chargees/mortgagees), if any <i>Adakah mana-mana pihak mempunyai          hak bersama ke atas Harta di atas          (contoh: pembayaran/penggadaian) jika ada</i>		
Other insurances in force on the Property <i>Lain-lain insurans yang melindungi Harta Benda</i>	Insurer/Policy No.: <i>Nama Syarikat Insurans/No. Polisi:</i>	Sum Insured: <i>Jumlah Perlindungan:</i>

#### DECLARATION / PENGAKUAN

I/We declare that, to the best of my/our knowledge, the statement herein are true.

*Saya/Kami mengesahkan pernyataan-pernyataan yang terkandung adalah benar sepanjang pengetahuan saya/kami.*

I/We further hereby declare that any of my/our personal information collected or held by you herein is provided with my/our consent for it to be used, processed and disclosed to individuals or organizations related to or associated with MS & AD Insurance Group (in and outside of Malaysia) including inter-departments within MSIG or any selected third party service providers such as insurance or reinsurance companies, broking firms, loss adjusting companies, claims or forensic investigations companies, law firms, credit reference companies, any service provider appointed by governing authority/association/federation of insurance companies, association or federation of insurance companies or any corporate entities or governmental and judicial bodies or regulators to whom MSIG is obliged to disclose under the requirement of any law relating to MSIG or any of its affiliates or partners.

*Saya/Kami dengan ini mengaku bahawa mana-mana maklumat peribadi saya/kami yang dikumpul atau dipegang oleh MSIG diperuntukkan dengan keizinan saya/kami untuk ia digunakan, diproses dan didedahkan kepada individu atau organisasi yang berkaitan atau dikaitkan dengan MS & AD Insurance Group (di dalam dan di luar Malaysia) termasuk antara jabatan dalam MSIG atau mana-mana penyedia perkhidmatan pihak ketiga yang dipilih termasuk insurans atau syarikat yang diinsuranskan semula, firma broker, syarikat pelaras kerugian, tuntutan atau syarikat penyiasatan forensik, firma guaman, syarikat-syarikat rujukan kredit, mana-mana penyedia perkhidmatan yang dilantik oleh pihak berkuasa/persatuan atau syarikat insurans bersekutu, persatuan/persatuan syarikat insurans bersekutu atau mana-mana entiti korporat atau badan-badan kerajaan dan kehakiman atau pengawal selia dengan siapa MSIG dimestikan untuk mendedahkan di bawah keperluan mana-mana undang-undang berkaitan dengan MSIG atau mana-mana sekutu atau rakan kongsi.*

\_\_\_\_\_  
 Insured's Signature  
*Tandatangan Pihak Yang Diinsuranskan*

\_\_\_\_\_  
 Date  
*Tarikh*

In the event of conflict between the English and the translated version of this claim form, the English version shall prevail.

*Jika terdapat sebarang konflik di antara versi Bahasa Inggeris dengan versi terjemahan borang tuntutan ini, versi Bahasa Inggeris adalah sah di sisi undang-undang.*



**GIRO FUND TRANSFER / RENTAS FORM**  
[ Policy holders, Claimants ]

Please read the following instructions carefully before completing this form.

1. Type or write using BLOCK LETTERS.
2. Indicate **only one (1) preferred bank** account and **it should be active**.
3. Attach a **legible copy** of the top portion of the bank statement/relevant page of the savings account passbook which clearly indicates that the below mentioned account number belongs to you/your company.
4. Submission of this form shall not be construed as an admission of policy liability by the insurer.
5. This form will be utilized only in the event where the claim submitted is payable.

<b>1</b>	Bank Account Holder Name :	
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<b>2</b>	Bank Name (Interbank Giro Participating Banks) :	
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<b>3</b>	Bank Account Number :	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			

Please provide a relevant ID. The ID that you provide must be the same as appeared in your bank's record. Otherwise, the fund transfer will be REJECTED by your bank despite a correct bank account number. Eg. Your Business Registration number is 46983W and your banker's record is 046983W (with a zero in front).

<b>4</b>	<b>RECIPIENT'S VALIDATION ID AS PER YOUR BANK'S RECORD</b> [ Indicate only one (1) and ignore dashes '-' ]																				
<b>4a</b>	New IC Number :	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			
<b>4b</b>	Old IC Number :	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			
<b>4c</b>	Registration Number (Company/Business/Society/etc) :	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			
<b>4d</b>	Police/Army/Passport Number :	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			

Payment Advice (Notification of Payment) is to be emailed to :-

<b>5a</b>	Email Address (1) :	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			
<b>5b</b>	Email Address (2) :	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			

I/We hereby request that payment(s) due to me/us by MSIG Insurance (Malaysia) Bhd ("MSIG") be paid to my/our bank account stated above by way of Giro Fund Transfer/Rentas and confirm that

1. I/We consent to MSIG processing and disclosing the above data to its banker(s) in order to facilitate payment(s) to me/us by way of Giro Fund Transfer/Rentas.
2. All information provided herein is correct and accurate.
3. My/Our request herein shall be irrevocable unless with the consent of MSIG (which shall not be unreasonably withheld). MSIG may at any time, provided there is a need to do so, in its reasonable discretion effect payment(s) to me/us by other mode(s).
4. I/We shall keep MSIG and its banker(s) indemnified against any loss and/or damage arising from this Giro Fund Transfer/Rentas provided always that the loss and/or damage is due to the gross negligence or willful default on my/our part which include but not limited to error in information furnished, delayed payment(s) and any other circumstances beyond MSIG and its banker(s)'s control and directly caused by me/us.

Authorised Signatory(ies)

Company Stamp (COMPULSORY for companies, businesses, societies, etc)

\_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

MSIG - Office Use

Map the above details to the following client code(s) :

1. 

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      2. 

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      3. 

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BEC Prevention Validation Results :

MSIG's Staff Name :		Date :	
<input type="checkbox"/> Validation Required (To complete details below)		<input type="checkbox"/> Validation Not Required	
Contact Person Name :		Confirmation Date:	
Mode of Validation	<input type="checkbox"/> Face-to-face		
	<input type="checkbox"/> Contact	Contact Number :	<input type="checkbox"/> Call <input type="checkbox"/> Text Message
	<input type="checkbox"/> Fax	Fax Number :	
	<input type="checkbox"/> Others	Please specify :	



**MSIG Insurance (Malaysia) Bhd.** (46983-W)

P. O. Box 11034 50990 Kuala Lumpur Tel: (603) 2050 8228	P. O. Box 223 80720 Johor Bahru Tel: (607) 208 7800	P. O. Box 223 25720 Kuantan Tel: (609) 515 7501	Seremban Tel: (606) 601 3501	P. O. Box 31050990 98007 Miri Tel: (6085) 434 890
Alor Setar Tel: (604) 772 2266	Klang Tel: (603) 3343 6691	P. O. Box 483 75760 Melaka Tel: (606) 289 4333	Sungai Petani Tel: (604) 424 4180	P. O. Box 931 90710 Sandakan Tel: (6089) 217 388
Batu Pahat Tel: (607) 433 6808	Kluang Tel: (607) 772 6501	P. O. Box 612 10780 Penang Tel: (604) 219 0800	Kota Kinabalu Tel: (6088) 301 030	Sibu Tel: (6084) 323 890
P. O. Box 320 30740 Ipoh Tel: (605) 255 1319	P. O. Box 63 15700 Kota Bharu Tel: (609) 748 1280	Petaling Jaya Tel: (603) 7954 4208	P. O. Box 308 93704 Kuching Tel: (6082) 255 901	P. O. Box 784 91008 Tawau Tel: (6089) 771 051