

**MOTOR CLAIM FORM**  
BORANG TUNTUTAN KEMALANGAN**PART 1 : INFORMATION ON THE POLICY AND THE POLICY OWNER**  
MAKLUMAT POLISI DAN PEMILIK POLISIPolicy Number  
*Nombor Polisi*Vehicle Registration No.  
*No. Pendaftaran Kenderaan*Name of Policy Owner  
*Nama Pemilik Polisi*NRIC No.  
*No. KP*Address  
*Alamat*Telephone No.  
*No. Telefon*Occupation  
*Pekerjaan***PART 2 : INFORMATION ON BANK ACCOUNT THIS CLAIM WILL BE PAID TO**  
MAKLUMAT AKAUN BANK UNTUK PEMBAYARAN TUNTUTANIMPORTANT NOTICE / *NOTA PENTING*

We will pay your approved claim directly to your bank account, if applicable. Please complete this section and ensure that the bank account details belong to the policy owner. This bank account information will only be used for this claim. Kami akan membuat pembayaran secara terus kepada akaun bank anda, jika berkenaan. Sila lengkapkan bahagian ini dan pastikan kesemua maklumat adalah berkaitan akaun bank dimiliki oleh pemilik polisi. Maklumat akaun bank ini akan hanya digunakan untuk tuntutan ini.

Policy Owner's Name  
*Nama Pemilik Polisi*Policy Owner's NRIC No. / Business Registration No.  
*No. KP Pemilik Polisi / No. Pendaftaran Perniagaan*Name of Bank  
*Nama Bank*Bank Account No.  
*No. Akaun Bank*Policy Owner's Email Address  
*Alamat Emel Pemilik Polisi*Policy Owner's Mobile Tel No.  
*No. Telefon Bimbit Pemilik Polisi***PART 3 : INFORMATION ON THIS CLAIM**  
MAKLUMAT TUNTUTAN INIType of Claim  
*Jenis Tuntutan*Notifying Only  
*Hanya Pemberitahuan*Own Policy Claim  
*Tuntutan Polisi Sendiri*Knock-for-Knock Claim  
*Tuntutan Knock-for-Knock*Claim Against Third Party's Insurer  
*Tuntutan Terhadap Insurans Pihak Ketiga***PART 4 : INFORMATION ON THE DRIVER AND THE ACCIDENT**  
MAKLUMAT PEMANDU DAN KEMALANGAN1. Date and time of incident.  
*Tarikh dan masa kejadian.*DD  
*HH*MM  
*BB*YYYY  
*TTTT*

:

AM / PM  
*PG / PTG*2. Information of driver at time of accident. *Maklumat pemandu semasa kemalangan berlaku.*Name  
*Nama*NRIC No.  
*No. KP*Address  
*Alamat*Telephone No.  
*No. Telefon*

3. If someone else drove the car, did the person drive with your permission?

*Jika orang lain yang memandu kereta tersebut, adakah dia memandu dengan kebenaran anda?*

Yes  
Ya

No  
Tidak

Not Applicable  
Tidak Berkenaan

4. Has the driver ever been convicted of any traffic offences? If yes, please provide details and date of conviction.

*Pernahkan pemandu disabitkan atas kesalahan trafik? Jika ya, sila berikan maklumat lanjut beserta tarikh disabitkan.*

Yes  
Ya

No  
Tidak

\_\_\_\_\_  
\_\_\_\_\_

5. Please tell us how the accident happened.

*Sila jelaskan bagaimana kemalangan berlaku.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Where is the vehicle now? Please provide address for inspection.

*Di manakah kenderaan itu sekarang? Sila berikan alamat untuk pemeriksaan.*

\_\_\_\_\_  
\_\_\_\_\_

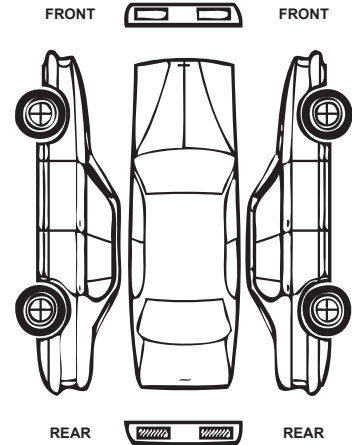
7. Please draw the scene of the accident showing the width of the road and position of the vehicle(s) before and after the accident.

*Sila lakarkan gambaran kejadian yang menunjukkan lebar jalan dan kedudukan kenderaan sebelum dan selepas kemalangan.*

BEFORE ACCIDENT  
SEBELUM KEMALANGAN

AFTER ACCIDENT  
SELEPAS KEMALANGAN

Please mark XXX the damage sustained to your vehicle.  
*Sila tandakan XXX bahagian yang rosak pada kenderaan.*



8. Please provide the details of people who witnessed the accident.

*Sila berikan maklumat orang yang menyaksikan kemalangan tersebut.*

Full Name

*Nama Penuh*

1. \_\_\_\_\_

2. \_\_\_\_\_

NRIC No.

*No. KP*

1. \_\_\_\_\_

2. \_\_\_\_\_

Address and Telephone No.

*Alamat dan No. Telefon*

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Please provide the details of the other party (third party) involved in this accident, if any.

*Sila berikan maklumat pihak lain (pihak ketiga) dalam kemalangan ini, jika ada.*

Name

*Nama*

\_\_\_\_\_

Address

*Alamat*

\_\_\_\_\_

\_\_\_\_\_

Telephone No.

*No. Telefon*

\_\_\_\_\_

Vehicle Registration No.

*No. Pendaftaran Kenderaan*

\_\_\_\_\_

Third Party Insurance Company

*Syarikat Insurans Pihak Ketiga*

\_\_\_\_\_

Third Party Policy No.

*No. Polisi Pihak Ketiga*

\_\_\_\_\_

10. Was the third party injured? If yes, tell us briefly the injuries suffered.

Adakah pihak ketiga tercedera? Jika ya, terangkan dengan ringkas kecederaan dialami.

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11. Besides the vehicle, were there any damages to the third party's property? If yes, tell us briefly the damages suffered.

Selain kenderaan terlibat, adakah pihak ketiga mengalami kerosakan harta? Jika ya, terangkan dengan ringkas kerosakan dialami.

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**DOCUMENTS TO BE SUBMITTED WITH THIS CLAIM FORM** DOKUMEN YANG PERLU DIHANTAR BERSAMA BORANG TUNTUTAN INI

**For Own Damage (OD) & OD Knock-For-Knock (KFK) Claim**

1. Original police report
2. Copy of owner & driver's I.C. & driving licence
3. Copy of registration card
4. Copy of policy schedule/cover note

**Bagi Tuntutan OD & OD KFK**

1. Laporan asal polis
2. Salinan kad pengenalan & lesen memandu pemilik & pemandu
3. Salinan kad pendaftaran
4. Salinan jadual polisi/nota lindungan

**Additional documents for OD KFK Claim**

1. Third party's police report
2. Police investigation outcome
3. Police sketch plan & keys
4. JPJ search on third party insurer
5. KFK declaration form

**Dokumen tambahan bagi Tuntutan OD KFK**

1. Laporan polis pihak ketiga
2. Keputusan siasatan polis
3. Rajah kasar polis & kunci
4. Carian JPJ atas insurans pihak ketiga
5. Borang pengakuan KFK

**PART 5 : PLEASE COMPLETE THIS SECTION IF YOUR VEHICLE WAS STOLEN**

SILA LENGKAPKAN BAHAGIAN INI JIKA KENDERAAN ANDA DICURI

1. Date and time (estimate) of theft.

Tarikh dan masa (anggaran) kecurian.

DD   MM     YYYY  
HH BB TTTT

:  AM / PM  
PG / PTG

2. Where was the vehicle parked when it was stolen?

Di manakah kenderaan tersebut diletakkan semasa kecurian berlaku?

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3. Did anyone use the vehicle right before it was stolen?

Adakah sesiapa menggunakan kenderaan tersebut sebelum kecurian?

Yes  No  
Ya Tidak

**DOCUMENTS TO BE SUBMITTED WITH THIS CLAIM FORM** DOKUMEN YANG PERLU DIHANTAR BERSAMA BORANG TUNTUTAN INI

**For Theft Claim**

1. Original police report
2. Copy of owner & driver's I.C., driving licence
3. Copy of registration card
4. Copy of policy schedule/cover note
5. Copy of hire purchase agreement, if applicable
6. Police investigation outcome, when available

**Bagi Tuntutan Kecurian**

1. Laporan asal polis
2. Salinan kad pengenalan & lesen memandu pemilik & pemandu
3. Salinan kad pendaftaran
4. Salinan jadual polisi/nota lindungan
5. Salinan perjanjian jual-beli, jika berkenaan
6. Keputusan siasatan polis, bila tersedia ada

**PART 6 : PLEASE COMPLETE THIS SECTION FOR DAMAGED WINDSCREEN CLAIM**

SILA LENGKAPKAN BAHAGIAN INI UNTUK TUNTUTAN KEROSAKAN CERMIN

1. Date and time of incident.

Tarikh dan masa kejadian.

DD   MM    YYYY  
HH BB TTTT

:  AM / PM  
PG / PTG

2. Tell us briefly how it happened and provide the name of person driving the vehicle at time of incident.

Terangkan dengan ringkas bagaimana ia berlaku dan nama pemandu semasa kejadian tersebut.

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3. Where did you send your car for windscreen replacement?

Di manakah anda menukar cermin kereta anda?

Name, Address and Telephone No. of Workshop

Nama, Alamat dan No. Telefon Bengkel

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**DOCUMENTS TO BE SUBMITTED WITH THIS CLAIM FORM** DOKUMEN YANG PERLU DIHANTAR BERSAMA BORANG TUNTUTAN INI

**For Damaged Windscreen Claim**

1. Repairer's bill with breakdown on items
2. Warranty card and/or proof of installation of tinted film prior to the damage i.e. photos of tinted film torn from the windscreen glass
3. Photos before and after repair of the windscreen
4. Letter from policy owner authorising payment to workshop
5. Copy of owner's I.C.
6. Copy of registration card

**Bagi Tuntutan Kerosakan Cermin**

1. Bil pembaikan termasuk senarai harga
2. Kad jaminan dan/atau bukti pemasangan filem 'tinted' sebelum kerosakan iaitu gambar filem 'tinted' yang ditanggalkan daripada cermin
3. Gambar sebelum dan selepas pembaikan cermin
4. Surat kebenaran dari pemilik polisi untuk membuat bayaran kepada bengkel kereta
5. Salinan kad pengenalan pemilik
6. Salinan kad pendaftaran

**PART 7 : DECLARATION AND AUTHORISATION**  
**PENGSYTIHARAN DAN PEMBERIKUASAAN**

- 1) I/We confirm that the answers given are true and accurate.
- 2) I/We understand that AIA General Berhad acceptance of this form is not an admission of AIA General Berhad liability of my/our claim.
- 3) I/We understand and agree that any personal information collected or held by AIA General Berhad (whether through this application or otherwise obtained) may be used and disclosed by AIA General Berhad to individuals/institutions related to and associated with AIA General Berhad or any selected third party within or outside Malaysia such as reinsurers, claims investigation companies and industry associations to process this application. The information may also be used to provide service for this and other products and to communicate with me/us. I/We understand that I/we have a right to get access to and request for correction of any personal information held by AIA General Berhad. Such requests can be made at any AIA Customer Centres.

1) Saya/kami mengesahkan bahawa jawapan yang diberikan adalah benar dan tepat.

2) Saya/kami memahami bahawa penerimaan borang oleh AIA General Berhad tidak boleh dianggap sebagai penerimaan liabiliti ke atas tuntutan yang dibuat.

3) Saya/kami memahami dan bersetuju bahawa maklumat peribadi yang dikumpul atau dipegang oleh AIA General Berhad (sama ada melalui permohonan ini ataupun cara lain) boleh digunakan dan didedahkan kepada individu atau institusi yang berkaitan dengan AIA General Berhad atau mana-mana pihak ketiga di dalam atau di luar Malaysia seperti penanggung insurans semula (reinsurer), syarikat penyiasatan tuntutan dan persatuan industri bagi memproses permohonan ini. Maklumat tersebut juga boleh digunakan untuk memberikan perkhidmatan ke atas permohonan ini dan juga produk kewangan lain. Saya/kami memahami bahawa saya/kami mempunyai hak untuk mendapatkan dan memohon pembetulan dibuat ke atas mana-mana maklumat persendirian yang disimpan oleh AIA General Berhad. Permohonan tersebut boleh dibuat di mana-mana cawangan Pusat Khidmat Pelanggan AIA.

\_\_\_\_\_  
Driver's Signature

Tandatangan Pemandu

Name

Nama

NRIC No.

No. KP

Signed on

Ditandatangani pada

		DD			MM				YYYY
		HH			BB				TTTT

\_\_\_\_\_  
Policy Owner's Signature

Tandatangan Pemilik Polisi

Name

Nama

NRIC No.

No. KP

Signed on

Ditandatangani pada

		DD			MM				YYYY
		HH			BB				TTTT