TOKIO MARINE

Tokio Marine Insurans (Malaysia) Berhad
(149520-U)

29th Floor, Menara Dion, 27, Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.
Tel No: 03-2026 9808, 03-2783 8383 Fax No: 03-2026 9708
www.tokiomarine.com.my

PERSONAL ACCIDENT CLAIM FORM

Claim No._____ Policy No._____ Agency _____

N.B. This form must be completed and returned to the Company within fourteen (14) days after the occurrence of the accident.

1. Name of Claimant/Injured Person in full:

Address _____

_____

Business or Occupation _____ Date of Birth : _____

Sex: ☐ Male ☐ Female Age : _____ I.C. No. _____
(Attach Photocopy)

Tel. No. (H/P) : _____ (Hse): _____ (Off): _____

Name of Insured/Employer : _____

Address: _____ Date of Employment: _____

_____ Tel. No.: _____

2. Date of Accident: _____ Time of Accident: _____

3.	Place/Address where the accident occurred.	
4.	Please describe in detail how the accident occurred and what were you doing at that time.	
5.	Please state as precisely as you can the injuries you have sustained.	
6.	Please give names, addresses and contact no. of any persons who witnessed the accident.	
7.	**Additonal information for motor vehicle accident:**	
	(a) Please state where were you/the Insured Person traveling to and from when the accident occurred.	
	(b) Were you/Insured Person the driver or passenger / pillion rider?	☐ The Driver ☐ Passenger / Pillion
	(c) If you/Insured Person was the driver/main rider, state class of valid licence and expiry date (Please attach a copy of the licence)	☐ Class B ☐ Class D ☐ Class E ☐ _____ Licence Expiry Date : _____ ☐ I have no valid licence
	(d) Any police report lodged ? If no police report made, please state reason(s).	☐ Yes, police report as attached. ☐ No, _____ _____

8.	(a) Please give name and address of Medical Practitioner whom you have first consulted after the accident. (b) Date of the first consultation. (c) Is he your usual physician? If no, please state reason why he was consulted. (d) Please give name and address of all other Medical Practitioners whom you have consulted. (e) Please state reason(s) why different clinic/hospital/ physician was consulted?	(a) (b) (c) (d) (e)
9.	If hospitalized, state the Date and Time of Admission and Discharged	Date Admitted: Time: Date Discharged: Time:
10.	On what date were you able to attend to (a) a portion of your business or occupation (b) the whole of your business or occupation Please attach all original medical chit and a letter from your employer certifying the number of days you were unable to attend work/duty.	(a) (b)
11.	(a) What has been your occupation & duties since the inception of the policy? (b) Has there been any change in your occupation & duties?	(a) (b) ☐ No. ☐ Yes, as stated in (a) above since _____(date)
12.	Have you ever made a claim in respect of any Injury during the last 5 years from any insurance company? If so, please give particulars.	
13.	For this accident, please state all other insurer(s)/source(s) that you are also claiming/entitled to claim.	

14. Please provide details of all Life, Medical, Accident Rider(s) and Personal Accident policies that you have:

Name of Insurance Company	Policy / Claim No.	Sum Insured & Type of Benefit	Have you ever filed a Claim? If yes, please state date of accident.

I hereby declare that the above information are true and correct in every aspect and agree that if I have made any false or untrue statement, any concealment, suppression, mis-statement or omission of material fact or if the claim is exaggerated in any manner, my right to the compensation shall be absolutely forfeited.

AUTHORIZATION TO PHYSICIAN, HOSPITAL OR CLINIC TO RELEASE INFORMATION

I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history to Tokio Marine Insurans (Malaysia) Bhd.

I further authorize any insurance company and its authorized representatives to release all information and documents pertaining to my policies including all previous and current claim details to Tokio Marine Insurans (Malaysia) Berhad.

A photocopy of this authorization shall have the full effect of the original authorization.

Date

Signature of Insured/Claimant

Company's chop & signature of official, where applicable