



TOKIO MARINE
INSURANCE GROUP

Claim Form

Personal Accident

Claim No.: _____ Policy No.: _____

It is important to complete answer to every question.
If insufficient space is provided for your answer, please continue on a separate sheet.

Claimant or Policyholders Statement

Name: _____ Gender: Male Female Age: _____

NRIC/Passport/ID No. _____ Mobile No.: _____

Address: _____

Occupation: _____

Name of Insured/Employer: _____

Address: _____

1. (a) Date of Accident

D	D	M	M	Y	Y	Y	Y

 (b) Time of Accident

M	M	H	H

(c) Place where accident occurred _____

2. Please describe in detail how the accident occurred and what were you doing at that time.

3. Please state briefly the injuries you sustained / Final Diagnosis.

4. Have you ever made a claim in respect of any injury during the last 5 years from any insurance company? If so, please give details.

5. Have you made a claim in respect of accident injury from any insurance/source(s)? If yes, please give details.

Additional Information for Motor Vehicle Accident:

6. Were you/Insured Person the driver or passenger / pillion rider?

The Driver Passenger / Pillion

7. 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 I have no valid licence

Licence No. _____ Expiry Date

D	D	M	M	Y	Y	Y	Y

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) Berhad.

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.

Signature of Insured/Claimant _____

Name: _____

NRIC: _____ Date: _____

Company Stamp (if applicable) _____

Designation: _____

Documents Required

Below is a list of documents required to proceed with your claim.
In certain circumstances, more information may be required to substantiate the claim.

Type of Incident	Documents Required (Please tick against the documents you have submitted)
Basic Documents	<input type="checkbox"/> Duly completed claim form <input type="checkbox"/> Medical Certification (not required for claims below RM500.00) <input type="checkbox"/> Copy of police report and valid driving licence at the time of accident (applicable for motor vehicle accident only)
Medical Expenses	<input type="checkbox"/> Original Medical Bills and Receipts (inclusive deposit receipt) <input type="checkbox"/> A copy of the assessment/settlement letter from the other insurer, if claiming for excess amount <input type="checkbox"/> X-ray and/or MRI reports, if any (Claim below RM500, doctor may write the diagnosis on the receipt)
Weekly Benefit	<input type="checkbox"/> Original or Certified True Copy of Medical Sick Leave Certificate
Daily Hospital Income	<input type="checkbox"/> Original or Certified True Copy of Medical Bill or Discharge Summary
Permanent Disablement	<input type="checkbox"/> Specialist Report confirming the permanent disablement <input type="checkbox"/> Photographs depicting the amputation of the affected limb(s) <input type="checkbox"/> X-ray and/or MRI reports, if any
Accidental Death	<input type="checkbox"/> Detailed Post-Mortem Report <input type="checkbox"/> Toxicology Report, where applicable <input type="checkbox"/> Death Certificate <input type="checkbox"/> Police Report <input type="checkbox"/> Newspaper cutting of the incident, where applicable <input type="checkbox"/> Burial or Cremation Permit <input type="checkbox"/> Copy of Deceased's Identity Card <input type="checkbox"/> Copy of Named Nominee(s)/Claimant's Identity Card <input type="checkbox"/> Copy of Marriage/Birth Certificate, where applicable <input type="checkbox"/> Letter of Administration/Distribution Order/Sijil Faraid - when there is no nomination <input type="checkbox"/> Any other available medical reports or documents to substantiate the claim <input type="checkbox"/> Copy of Deceased's employment letter and last three months salary slip (applicable for Group PA only)

