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**BORANG TUNTUTAN INSURANS KEMALANGAN DIRI
PERSONAL ACCIDENT CLAIM FORM**

Pengeluaran borang ini tidak bermakna tanggungan pihak Syarikat telah diakui. Sila jawab semua soalan dan kembalikan borang ini dengan segera.

The issue of this form is not an admission of liability by the Company. Please answer all questions fully and return the form without delay.

POLISI/POLICY	No. / No	No. Tuntutan / Claim No. :
PEMEGANG POLISI / INSURED	Nama / Name :	Telefon / Telephone :
	Alamat / Address :	Poskod / Post code:
	GST Berdaftar/GST Registered: () Ya / Yes () Tidak / No	
	No. Pendaftaran GST/GST Registration No.:	
ORANG YANG CEDERA / INJURED PERSON	Nama / Name :	Umur / Age :
	Alamat / Address :	No. Kad Pengenalan / NRIC No. :
	Poskod / Post Code:
	Pekerjaan / Occupation :	Telefon / Telephone :
	Pertalian dengan Pemegang Polisi (Sekiranya orang yang cedera bukan pemegang polisi)	
	Relationship with Insured :	
	(If injured person is not the Insured)	
KEMALANGAN / ACCIDENT	Tarikh & Masa Kemalangan / Date & Time of Accident :	
	Tempat Kemalangan / Place of Accident :	
	Nyatakan bagaimana kemalangan berlaku / Please describe how the accident occurred :	
	Nama dan alamat sebarang saksi / The names and addresses of any witnesses :	
	
KECEDERAAN / INJURY	Jenis dan tahap kecederaan / Nature and extent of injuries	
	
	Bilakah beliau / orang yang tercedera kembali bekerja? / When did you / the injured person return to work?	

MAKLUMAT AM/ GENERAL INFORMATION	<p>Pernahkah Pengamal Perubatan ini merawat beliau / orang yang tercedera untuk sebarang penyakit atau kecederaan sebelum ini ? Has he attended to you / the injured person previously for any illness or injury?</p> <p>Adakah beliau / orang yang tercedera layak untuk membuat tuntutan dari syarikat lain untuk kemalangan ini. Jika ada, berikan maklumat. Are you / the injured person entitled to claim compensation for accidental injury from any other company or companies ? If so, please provide details.</p> <p>Pernahkah beliau / orang yang tercedera membuat sebarang tuntutan akibat kemalangan daripada syarikat insurans lain? Jika ada, nyatakan nama syarikat, amaun dan tarikh diterima. Have you / the injured person ever made a claim for compensation in respect of accidental injury from any other insurer? If so, please state name of company, amount and date received.</p>										
KOS PERBELANJAAN PERUBATAN / MEDICAL EXPENSES INCURRED	<table border="0"> <thead> <tr> <th data-bbox="336 719 635 748"><u>Name of Hospital / Clinic</u></th> <th data-bbox="1227 692 1385 748"><u>Amaun (RM) Amount (RM)</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="336 779 1002 808">1.</td> <td data-bbox="1212 779 1402 808">.....</td> </tr> <tr> <td data-bbox="336 824 1002 853">2.</td> <td data-bbox="1212 824 1402 853">.....</td> </tr> <tr> <td data-bbox="336 869 1002 898">3.</td> <td data-bbox="1212 869 1402 898">.....</td> </tr> <tr> <td colspan="2" data-bbox="1038 929 1423 958" style="text-align: right;">Jumlah/Total =</td> </tr> </tbody> </table>	<u>Name of Hospital / Clinic</u>	<u>Amaun (RM) Amount (RM)</u>	1.	2.	3.	Jumlah/Total =	
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1.										
2.										
3.										
Jumlah/Total =											
<p>Saya / Kami menjamin bahawa pernyataan-pernyataan di atas adalah benar dan betul dan bahawa saya / kami tidak menyembunyikan dari Syarikat segala maklumat penting yang berkaitan dengan tuntutan ini. Saya / kami dengan ini membenarkan maklumat perubatan selanjutnya dikeluarkan oleh pihak doktor dan untuk mendapatkan/pembelian/pertanyaan maklumat sekiranya Syarikat memerlukan sebarang salinan borang ini berkuatkuasa dan sah seperti yang asli.</p> <p>I / We hereby warrant that the above statements are true and correct and that I / We have not withheld from the Company any material information in connection with this claim. I / We further authorize the release of further medical information by the doctor and to obtain/purchase/enquiries all necessary information should the Company require it. Any photostat copy of this authorisation shall be as effective and valid as the original.</p> <p>Tarikh / Date : _____ Tandatangan / Signature : _____ Nama / Name : _____ Jawatan / Designation : _____ Cop Syarikat / Company's chop : _____</p>											

Dokumen yang perlu dikemukakan bersama borang tuntutan ini
Documents to be submitted together with this Claim Form

Untuk kes kecederaan / For Injury Cases

1. Sijil Perubatan / Medical Certificate.
2. Resit Perubatan asal / Original Medical Receipts.
3. Gambar atau laporan X-Ray sekiranya terdapat kehilangan mana-mana anggota badan. / Photographs or X-Ray report if there is severance of any part of body.
4. Laporan Polis, sekiranya melibatkan kemalangan jalanraya / Police Report if involved in road accident.

Untuk kes kematian / For Death Cases

1. Laporan Polis / Police Report.
2. Sijil Kematian / Death Certificate.
3. Sijil Pengebumian / Burial Certificate.
4. Laporan Bedah Siasat / Post Mortem Report.
5. Surat kuasa Mentadbir / Perintah Probet / Surat Asal Pengishtiharan Kuasa dari Amanah Raya Berhad. Letter of Administration / Grant of Probate / Original Letter of Declaration from Amanah Raya Berhad.

Nota/Note:

Dokumen tambahan mungkin akan diminta jika perlu sekiranya dokumen di atas tidak mencukupi untuk memproses tuntutan ini. The above list of documents may not be exhaustive as additional documents may be required, if necessary, to process the claim

SIJIL PERUBATAN / MEDICAL CERTIFICATE

Untuk dilengkapkan oleh Pengamal Perubatan yang merawat
To be completed by the attending medical practitioner

- 1. *Nama Pesakit / Name of the patient*
- 2. *Profesion, Perniagaan atau Pekerjaan pesakit /*
Profession, business or occupation of the patient
- 3. *Bahagian yang cedera (Jika dibahagian anggota, nyatakan kanan*
atau kiri) /
Region injured? (If limb, state whether right or left)
- 4. *Jenis dan tahap kecederaan? /*
Nature and extent of injuries?
- 5. a) *Nyatakan punca kemalangan dengan lengkap /*
State as fully as possible the cause of the Accident
- b) *Adakah kecederaan itu konsisten dengan kemalangan*
tersebut? Jika tidak, berikan butir-butir. /
Is the appearance of the injury consistent with the
accident? If no, please providedetails. *Ya / Yes* *Tidak / No*
- 6. *Adakah kehilangan upaya sekarang berkait dengan sebarang*
penyakit atau Kehilangan upaya terdahulu. Jika ya, sila
berikan butir-butir. /
Is there any connection between the present disablement and any
disease or previous disability? If yes, please provide details. *Ya / Yes* *Tidak / No*
- 7. *Adakah pembedahan perlu dilakukan atau mungkin*
dilakukan? Jika ya, sila berikan butir-butir. /
Is surgical interference necessary or likely to become so? If yes,
please provide details *Ya / Yes* *Tidak / No*
- 8. *Adakah apa-apa sejarah perubatan beliau yang boleh*
melambatkan proses pemulihan ? Jika ya, sila berikan butir-
butir /
Is there anything in his / her medical history which may likely to
retard his / her recovery? If yes, please provide details. *Ya / Yes* *Tidak / No*
- 9. *Adakah anda mempunyai alasan mengandaikan bahawa beliau*
berada dalam keadaan mabuk semasa kemalangan? Jika ya, sila
berikan butir-butir. /
Have you any reason to suppose that he / she was under the
influence of intoxicants at the time of accident? If yes, please
provide details. *Ya / Yes* *Tidak / No*
- 10. *Adakah kecederaan tersebut membolehkan beliau melakukan*
sebahagian kerja dibawah profesion / perniagaan /
pekerjaannya? /
Are the injuries such as will permit the patient to attend to some
portion or department of his / her profession / business /
occupation? *Ya / Yes* *Tidak / No*
- 11. *Adakah anda Pengamal Perubatan beliau yang biasa? Jika ya,*
berapa lama anda mengenali beliau dan apakah jenis penyakit
yang dirawat?
Are you his / her usual medical attendant? If yes, how long have
you known him / her and for what other ailment have you treated
him / her? *Ya / Yes* *Tidak / No*
- 12. *Selepas kemalangan tersebut, bilakah anda mula merawat*
pesakit ini? When did you first see and examine the injured
person after the Accident described herein?

Saya dengan ini mengaku bahawa akibat dari kemalangan tersebut, pesakit telah mendapat :
I hereby certify that the above injured person, as a result of the accident has been :

a) *Kehilangan Upaya Sepenuhnya* dari hingga hari
Totally Disabled from..... to.....(..... days)

b) *Kehilangan Upaya Separuh* dari hingga hari
Partially Disabled from..... to.....(.....days)

Nota/Note:

a) ***Kehilangan Upaya Sepenuhnya*** bermaksud orang yang cedera itu tidak berupaya langsung melakukan sebarang profesion, perniagaan atau pekerjaan yang biasa.

Total Disabled shall mean that the injured is rendered completely incapable of attending to any part of his/her ordinary profession, business or occupation.

b) ***Kehilangan Upaya Separuh*** bermaksud orang cedera itu tidak boleh melakukan sebahagian daripada profesion, perniagaan atau pekerjaannya yang biasa.

Partially Disabled shall mean that the injured person is disable of attending to some extent to his/her ordinary profession, business or occupation.

Tandatangan doktor
Signature of doctor

*Nama dan alamat Hospital /
Klinik / Pusat perubatan :*
Name and Address
of Hospital/Clinic/
Medical Centre

Nama dan kelayakan doktor
Name and Qualification of doctor

Tarikh/Date :