



**TOKIO MARINE**  
INSURANCE GROUP

Claim Form

# Major Motor Medical

## Particulars of Insured

Policy/Certificate No.:

Name of Insured/Employer :

Contact No.:

Email:

## Particulars of Claimant

Name of Claimant/Insured Person :

Gender:  Male  Female

NRIC/Passport No. :

Date of Birth :

Claimant is  Employee  Spouse  Dependent

## Payment Information

Claim payment in favor of?

Individual MMM  Insured  Insured Person

(This section is applicable to employer and employee only)

Group MMM  Employer  Employee/Claimant

## Document Checklist

Copy of police report  Copy of proof of identification (eg. NRIC, passport)  Hospital bill as proof of admission

## Bank Account Details

Please provide your bank details together with a copy of bank statement/passbook showing your bank details & particular.

Name (as per bank account):

I.C. No. or Passport No. or ID (as per bank account):

Bank Name:

Branch:

Bank Account No.:

## Declaration & Authorization To Physician, Clinic or Hospital To Release Information

By signing this Claim Form :

- i. I hereby declare that the above information are true and correct in every aspect.
- ii. 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.
- iii. 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 Employee/Claimant/Parent/Guardian

Name:

NRIC/Passport No.

Date:

Signature of Employer (Company Stamp if applicable)

Name:

NRIC/Passport No.

date: