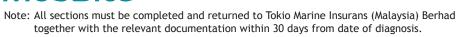
Claim Form





A	D				r
Δ	Parti	cillar	s of I	nsured	ı

Particulars of Insured	
Name:	
Name of Parent / Guardian (if insured is a Dependent)	
Insured NRIC: Date of E	Sex:
Statement By Patient (By Parent If Claimant is a Minor) Illness: i) Symptoms First Appeared on:   D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ii) Date of diagnosis:
Claim payment in favour of? (Please specify the name of payee)  Contract Owner/Employer:	
Employee/Patient:	
Declaration & Authorization To Physician, Clinic or Ho By signing this Claim Form:	
This authorization is irrevocable and a photocopy of it will have the	same effect and validity as the original.
Personal Data Protection Act 2010 / Akta Perlindunga	n Data Peribadi 2010
By signing this Claim Form / Dengan menandatangani Borang Tuntutal	
in any claim settlement; or PIAM/ISM; Saya/Kami mengakui dan bersetuju bahawa data peribadi, termo	ny sensitive personal data, collected herein be used and processed fo luals or organizations associated with Tokio Marine Group, or involv asuk apa-apa data peribadi yang sensitif, yang dikumpulkan di sir kepada penanggung insurans semula; individu atau pertubuhan yan
berkaitan dengan Kumpulan Tokio Marine, atau terlibat dalam apa-	
process and disclosure; Saya/Kami mengesahkan bahawa saya/kami telah mendapat perse	n(s) and/or nominee(s) named herein, where applicable, and tha data and to give consent on their behalf for the above collection, use etujuan orang yang dinamakan dan/atau penama yang dinamakan ckepada saya/kami untuk menzahirkan data peribadi dia/mereka da
	e personal data failing which my/our proposal could not be processe
through email send to enquiry@tokiomarine.com.my. Saya/Kami mengakui Pernyataan Dasar Privasi terperinci, yang	licy, and that I/we could also make enquiry with regard to the PDP. g mengawal perkara yang tersebut di atas, yang dipaparkan c erkara di atas akan dihantar bersama-sama dengan polisi saya/kami
Declaration/Pengisytiharan	
I/We understand that it is my/our duty to take reasonable care not to Form and I/we hereby declare that I/we have fully and accurately ans Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk r menjawab soalan-soalan dalam Borang Cadangan ini dan saya/kam sepenuhnya dan dengan tepat soalan di atas.	swered the questions above. mengambil langkah yang munasabah untuk tidak salah nyata semasi
Document Checklist	
☐ Copy of proof of identification ☐ Copy of the result on Dengu (eg. NRIC, passport) ☐ has been certified by a Physical Copy of the result on Dengu (eg. NRIC, passport)	
Signature of Patient/Parent/Guardian	Signature of Contract Owner/Employer
	S.g. active of contract officer Employer
Name:	

Date:

Registration Form

# E-Payment



### **Section A: Personal Details**

Account Holder Name:				
Account Holder Address:				
Business Registration No. (Non-individual):	NRIC No./ID No./Passport No. (Individual):			
Telephone No:	Handphone No:			
Contact Person 1:	Email:			
Contact Person 2:	Email:			
Bank Name	Bank Code Bank Account Number (please ignore all dashes: '-')			
Account Type	Saving Account			
Other Info  Individual Account  Others (Support With Relevant Documents)	Joint Account  NRIC No./ID No./Passport No. (individual) for the 1st name			

#### **Section B: Declaration**

I/We hereby authorize Tokio Marine Insurans (Malaysia) Berhad (TMIM) to credit all monies due to me/us to my/our bank account indicated above by way of Giro Fund Transfer/Rentas and confirm that:

- 1. I/We hereby declare that the above is my personal account/our company account, and the information given is true and accurate to the best of my/our knowledge and record and I confirm that the account number written under this E-payment form is correct.
- 2. I/We shall indemnify TMIM for any loss, damage or claims incurred in whatsoever manner as a consequence of acting on such instruction.
- 3. I/We hereby give my consent to TMIM to disclose my Personal Data to TMIM's service providers and/or financial institutions for the purpose of effecting and administrating the electronic payments (Personal Data includes name, personal identification number, contact details and any other details not specifically mentioned herein).
- 4. I/We understand that the supply of my Personal Data herein is voluntary and it is necessary for TMIM to process my Personal Data for effecting and administrating the electronic payments to me.

#### Notice:

Any future changes on the customer personal data, customer are required to write-in to us on the changes. Therefore, kindly provide the email address for the customer to notify the Person In Charge (PIC) to change his/her personal details and email to "letusknow@tokiomarine.com.my".

Authorised Signatory	*Company/Agency Signatory & Stamp
Name:	*Colort where applicable
Position:	*Select where applicable
Date:	

## FOR OFFICE USE ONLY

To be completed by relevant department:						
	Date:		*Mandatory to proceed with payment proces This must be verified with a follow-up call with Contact details provided		5 1	
Requestor's Name &	Requestor's Reporting Supervisor		*Call-Back Verification Date	* Verified by paye on record with T		
Signature/Stamp:	Name & Signature	/Stamp				
Date received:	te received: Created by: Verified by:		*Verifier Name & Signature	*Reporting Supervisor/HOD		
	Date:	Date:		Name & Signat	ure	