Claim Form

Personal Accident

TOKIO MARINE
INSURANCE GROUP

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 Company Stamp (if applicable)

Name: _____ Designation: _____

NRIC: _____ Date: _____

Tokio Marine Insurans (Malaysia) Berhad
198601000381 (149520-U)
Level 20, Menara Hap Seng 3, Plaza Hap Seng, No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur, Malaysia.
T: (03) 2027 8200 / 2789 8800 F: (03) 2022 2295 Customer Service Hotline: 1800 88 0812
tokiomarine.com

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