

## NON-MOTOR GENERAL CLAIM FORM

Policy No.  Claim No.

### SECTION 1 - DETAILS OF INSURED

Name  Address   
  
MyKad/Army/Police/Passport/Company Registration No.   
  
Nationality  Email Address  Mobile No.  Telephone No. Business  Telephone No. House

### SECTION 2 - DETAILS OF CLAIMANT / THIRD PARTY

Name  Address   
  
MyKad/Army/Police/Passport/Company Registration No.   
  
Nationality  Email Address  Mobile No.  Telephone No. Business  Telephone No. House

### SECTION 3 - DETAILS OF LOSS / DAMAGE / ACCIDENT

Time and date of loss / damage / accident Date  DD  MM  YYYY Time  :  AM/PM

Location of loss / damage / accident

Cause of loss / damage / accident

Have you lodged a Police Report?  Yes  No

### SECTION 4 - ADDITIONAL INFORMATION

Are you the sole owner of the damaged / loss property(ies)?  Yes  No

Is the property Insured by other Insurance Companies?  Yes  No

If yes, please provide details of the insurance policy.

Property Insured:  Name of Insurance company :  Policy No:

Claims history for the similar loss:  Date of loss:

Was the premises unoccupied at the time of loss / damage? Since when?

## SECTION 5 - DETAILS OF EXTENT OF LOSS / DAMAGE / INJURY

No.	Description of items / Injury / Treatment / Claim	Name and address of Supplier / Hospital / Clinic / Contractor	Date property(ies) was purchased	Purchase Price	Amount of Claim / Replacement Amount

Note: The claims examiner will liaise with you should they need more information on your claims application.

## SECTION 6 - RHB PRIVACY NOTICE FOR INSURANCE CLAIM FORM

### **ACKNOWLEDGEMENT AND CONSENT**

I have read and understood RHB Insurance Berhad ("RHB") Privacy Notice which has been provided to me at the point of application and which I acknowledge is also available at [insurance.rhbgroup.com](http://insurance.rhbgroup.com).

I explicitly consent to RHB processing my personal information (including my sensitive personal information) for the purpose of processing my insurance claim, including any necessary disclosures and overseas transfers of my personal information to relevant third parties, if applicable, subject at all times to any laws (including regulations, standards, guidelines and/or obligations) applicable to RHB.

I also represent and warrant that the consent of third party individuals (e.g. insured/claimant, witnesses, medical practitioner) whose personal information I disclose to RHB has been sufficiently obtained to allow RHB to process the same in relation to the purpose.

<b><i>[This paragraph is only applicable to parent/legal guardian/next-of-kin/authorized representative of junior claimant(s)/insured(s), if any]</i></b>	
If you are providing consent as parent / legal guardian / next-of-kin / authorized representative of the junior claimant/insured whose personal information will be processed as described above, please complete the following information:	
Signature	
Name	<input type="text"/>
MyKad No.	<input type="text"/>
Relationship with the junior claimant(s)/insured(s)	<input type="text"/>

Signature : \_\_\_\_\_

Name>Nama : \_\_\_\_\_

MyKad/PP No. : \_\_\_\_\_

**SECTION 7 - DECLARATION**

I/we understand that RHB issuance and acceptance of this form should not be construed as an admission of their liability of my/our claim.

If I/We have given any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my / our claim shall be absolutely forfeited.

I/We agree that if such statements and particulars are written by any other person, such person shall be deemed to have been my/our Agent for the purpose of filing in this form and his statement shall be binding upon me/us.

I/We hereby agree to give my/our fullest cooperation to RHB or its authorized representative in relation to this claim.

I/We understand that the above questions shall not prejudice RHB general rights to raise any other questions related to the claim.

Signature of Insured / claimant and company stamp (if applicable)

Name	
MyKad No.	
Date	

**SECTION 8 - E-PAYMENT REGISTRATION FORM**

In the event of claims payment, kindly fill up details below for payment processing.

**PART I. BENEFICIARY DETAILS**

Name of Applicant / Company			
MyKad No. / Co. Registration No.			
Address			
Telephone No.		Fax No.	
Person In-Charge Name	1)	2)	
Email Address	1)	2)	
Telephone No.	1)	2)	

**PART II. BENEFICIARY BANKING DETAILS**

Name of Bank			
Bank Address			
Bank Account No.		SWIFT Code	
IBAN Code (if applicable)			

**PART III. DECLARATION**

I/We hereby request that payment(s) due to me/us by RHB Insurance Bhd be paid to my/our bank account stated above by way of Inter-bank Giro/RENTAS/TT and confirm that :

I/We consent to RHB Insurance Berhad releasing the above data to its banker(s) in order to facilitate payment(s) to me/us by way of Inter-bank Giro/RENTAS/TT.

All information provided herein are correct and accurate.

My/Our request herein shall be irrecoverable without the consent of RHB Insurance Berhad. RHB Insurance Berhad may at any time in its absolute discretion effect payment(s) to me/us by other mode(s).

I/We shall keep RHB Insurance Berhad and its banker(s) indemnified against any loss and/or damage howsoever arising from any matters in relation to Inter-bank Giro/RENTAS/TT requested by me/us herein including but not limited to error/mis-description in information furnished, delayed payment(s) and any other circumstances beyond RHB Insurance Berhad and its banker(s)'s control.

Authorised Signatory(ies)	Company Stamp		
Name:		Date:	
Designation:			

**PART IV. RHB INSURANCE BERHAD OFFICE USE ONLY**

Department Branch							
Profile		<input type="checkbox"/> Agent	<input type="checkbox"/> Workshop	<input type="checkbox"/> Adjuster	<input type="checkbox"/> Vendor	<input type="checkbox"/> Other, please specify	
Agent / Workshop / Adjuster / Vendor Code							
Entered by:				Date:			
Verified by:				Date:			

**\* Important**

**This facility allows payment to be credited into the above mentioned account only.**

**Please attach (i) copy of MyKad or Passport or Business Registration Form whichever is applicable and (ii) 1st page of (a) your bank statement; or (b) your bank saving book showing the account name and account number; or (c) details of your bank account obtained from your bank's website that has been certified by your bank; or (d) letter from your bank confirming your bank account details.**