



PROPERTY CLAIM FORM

TIMB CLAIM NO:

- The issue of this form is not to be construed as an admission of liability on the part of the Company.
- Each question must be answered fully and completely. If insufficient space is provided for your answers, please continue on a separate sheet.

DOCUMENTATION CHECKLIST (where appropriate)

<input type="checkbox"/> duly completed, signed and witnessed claim form	<input type="checkbox"/> manufacturer's report and/or maintenance/machinery inspection report and/or consultant report and/or engineers report
<input type="checkbox"/> purchase invoice, receipts, bills, stock records, profit and loss accounts, contract agreements	<input type="checkbox"/> repair / replacement quotation or bills
<input type="checkbox"/> police report and/or fire brigade report and /or forensic report and/or chemistry report	<input type="checkbox"/> relevant photographs
	<input type="checkbox"/> any other supporting documents

PARTICULARS OF INSURANCE

Policy No :	Renewal Certificate No: (if applicable)
Policy Period: From To	

INSURED'S PARTICULARS

Name:	
Address:	
Business / Occupation:	Doctor Tel. No &: Contact Person:

CIRCUMSTANCES OF LOSS / DAMAGE

Loss Date & Time :	When was loss notified to you ?
Address of premises where loss or damage occurred	
State use of premises at time of loss	
Please state fully, to the best of your knowledge, how the loss or damage occurred:	
Have you any suspicions as to any parties causing the loss or damage? If yes, please provide Names and Addresses / Telephone Numbers	
	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTICE TO POLICE

Were the incidents taken by or reported to the Police?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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WITNESS

Name	Address	Telephone No:
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DETAILS OF PROPERTY LOSS / DAMAGE

Describe property loss or damage, and extent of the damage	Name and Address of Party from whom property purchased / by whom presented	Date of purchase or presentation	Price paid for the purchase	Amount/sum claimed for present value or damage
Are you the sole owner of the property loss or damage? If no, please provide the Name and Address of the owner:				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the property subject to Hire Purchase/Lease/Loan Agreement? If yes, please provide details of institution (Name, Address, Agreement No.):				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there any other insurance on the property? If yes, please provide details of insurer and insurance cover:				<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you made any claim of this nature, or loss or damage by any of the risks covered under the present policy to any Insurer or underwriter? If yes, please provide details of claim and insurer/underwriter:				<input type="checkbox"/> YES <input type="checkbox"/> NO

DETAILS OF LOSS / DAMAGE TO THIRD PARTY

Have you received notification from any third party ?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please give details and submit all notices to TIMB. You are reminded that no negotiation, admission or repudiation of any claim may be entered into without TIMB's prior written consent:		
Name, Address & Telephone No. of Third Parties		Nature & Extend of Loss / Damage / Injuries



GST DETAILS

Are you or will you be a registered person under the Malaysian Goods and Services Tax (GST) at the commencement date of this policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I yes, please provide the following:-		
(i) GST Identification No	:	_____
(ii) Date of registration	:	_____
Is the above policy for:-		
(i) Personal (including sole proprietorship)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(ii) Business	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the input tax incurred by you on the medical or personal accident policy premium blocked from claims under Regulation 36 of the GST Regulations 2014? (Applicable for Medical and Personal Accident only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I/we acknowledge that I/we have accessed and/or read the Privacy Notice of TIMB (available at all TIMB branch customer service counters and/or TIMB website) and agree to the processing of my/our personal data in the manner specified therein. I/we also consent to the collection, further processing and disclosure of my/our sensitive details herein for the purpose of processing claims and making the related payments.

DECLARATION

I/We hereby declare that the above statements and particulars are correct and complete in every respect and I/We have not concealed, misrepresented or misstated any material fact.

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

I/We hereby acknowledge and understood the contents of the Personal Data Protection Act 2010 and agree to give my fullest co-operation to Tune Insurance Malaysia Berhad or its representative in relation to this claim

.....
Name

.....
Signature

Date: / /