Allianz General Insurance Company (Malaysia) Berhad (735426-V)

STATEMENT & PARTICULARS OF CLAIM UNDER PERSONAL ACCIDENT POLICY

PART 1 This printed form is for warded on receipt of notice of an accident and its being sent is in no way an admission of claim. the form must be completed and returned within Seven Days of Receipt even if you are still disabled.

ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND APPROPRIATELY MARKED "/" WHERE APPLICABLE.

Name of Claimant		Age	
		Sex	M ☐ F ☐
Home Address		Identity Card No:	
		Home Tel.	
Name, Address Business or Employer		Employer's Tel.	

1. Present Occupation/Type of Business : (If More Than One, Please State All)	
2. Exact nature of occupational duties :	
3. a. Did you submit a medical leave certificate to your employer? b. Was a police report lodged?	(a) ☐ Yes, sick chits attached. ☐ No (b) ☐ Yes, police report attached. ☐ No
4. Date, time and place of accident :	
5. Describe in detail how the accident occurred.	
6. Describe in detail the injuries sustained, indicating the part of the body injured and the type of injury (eg. fracture, cut, bruise, etc.)	
7. Please give name and address of any person(s) who witnessed the accident.	
8. Name and address of Doctor(s) who treated you for the injury : (a) (b) (c)	Date Consulted :

9. Details of hospitalisation. (Please Attach Discharge Note) (a) Name of Hospital (b) Period of Hospitalisation	(a) (b) From To
10. State the date you last worked prior to disability.	
11. State the date you returned to work.	
12. State the date you expect to return to work if you have not already done so.	
13. If after your return to work you were not immediately able to perform all your duties, indicate: (a) Date of your return to work; (b) Details of duties you were not immediately able to perform; (c) Date you were finally able to perform all your duties.	(a) (b) (c)

14. Are you presently insured for accident benefits with other companies? ☐ Yes ☐ No
If Yes, please state the following:

Name of Insurance Company	Policy No.	Amount of Benefits	Date Insurance Effected

15. (a) Have you previously sought treatment for this sickness? (b) Have you ever made a claim which is paid by another Insurer? If yes, give particulars.	(a) ☐ Yes ☐ No (b) ☐ Yes ☐ No

It is important to ensure that answers to this form are true and complete. Failure to do so could affect your claim and the company's willingness to renew this insurance.

Signature of Witness : _____

Name : _____

I. C. No : _____

Relationship : _____

Address : _____

Signature of Insured : _____

Date : _____

In the event of the insured being unable to sign the form, it should be filled up and signed by a near relative or other responsible person in charge of the insured during his disability.

Note : No fees, commissions or charges of whatever nature are payable to agents or employees of the company in respect of this claim.

Authorisation

I hereby authorise any hospital, doctor or other person who has attended to me to furnish Allianz General Insurance Company (Malaysia) Berhad or its representatives any and all information with respect to any sickness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

Signature of Insured : _____

Name of Insured : _____ I/C No : _____ Date : _____

ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD

PART II - CERTIFICATE OF MEDICAL ATTENDANCE

No claim can be admitted unless this Medical Report from a duly qualified and registered Medical Practitioner is furnished to the Company at the Insured's own expense.

Policy No : .....

Claim No : .....

Name: NRIC No:	(Please complete in words)
Petient's Ref No:	Date of Accident:
Age: Sex (Male / Female):	Time of Accident:
Occupation:	Date Consulted:
1. (a) Describle in detail the nature of accident as related to you by the patient	(a)
(b) Describle in detail the nature of illness.	(b)
Is the condition due to pregnancy? If yes, state date pregnancy commenced.	☐ Yes ☐ No
2. (a) Were there any external and visible injuries seen as a result of this accident?	(a) ☐ Yes ☐ No
(b) If yes, describe the extent of injuries including site and other characteristic features as seen by you.	(b)
(c) Are the injuries consistent with the circumstances of the accident as described to you?	(c) ☐ Yes ☐ No

3. Treatment given including follow-up (such as number of stitches, physiotherapy, type of dressing, etc).

Date(s) in words	Time (am/pm)	Treatment

Stitches were removed on : _____

4. (a) Are you the patient's regular medical attendant?	(a) ☐ Yes ☐ No
(b) How long have you known the patient?	(b)
(c) To your knowledge, was the patient suffering from any disease or physical deformity at time of accident?	(c) ☐ Yes ☐ No

5. Names and addresses of other physicians who treated patient for the same injury:

Name	Address	Approximate Dates

6. If the patient was put on a P. O. P./Backslab or immobilized, kindly include the following information: (a) Date the P. O. P. /Backslab was applied (b) Date P. O. P. was removed (c) Date patient was started on physiotherapy (d) Date patient was started on full weight bearing exercise (if any) (e) Was there any limitation of movement on any joint at the last day of treatment? If so, please give details.	(a) (b) (c) (d) (e) ☐ Yes ☐ No

7. Did the injuries require any of the following:

(a) Hospitalisation	(a) ☐ Yes ☐ No	Name of Hospital _____ Date Admitted _____ Date Discharged _____
(b) X-ray	(b) ☐ Yes ☐ No	X-ray report _____
(c) Special diagnostic procedure or treatment	(c) ☐ Yes ☐ No	Type of procedure / treatment _____
(d) Surgery	(d) ☐ Yes ☐ No	Type of surgery performed _____

8. Bearing in mind the patient's occupation as stated above, do you feel that the injuries would have prevented him/her from working from the date of the accident?	☐ Yes ☐ No
9. If your answer to the above is 'yes' and absence from work of more than 2 weeks was necessary, please describe in detail the reasons why you feel that the patient could not return to work earlier keeping in mind the occupation of the patient.	
10. Give details of any circumstances, such as, intoxication, physical defects or medical history which may have contributed to the accident and/ or lengthen the disability.	

I hereby certify that I have personally examined and treated the patient for his/her injuries described above and that the facts as stated above represent my medical opinion of his/her condition.

Signature of Attending Physician: _____ Qualification: _____

Name & Address: _____ Tel No: _____
(Official Stamp)

For purpose of identification the patient must sign his name below in the presence of the Physician.

Signature of Patient: _____ IC NO. _____ Date: _____

Allianz General Insurance Company Malaysia Berhad (735426-V)

DATA PRIVACY NOTICE & CONSENT FORM (DEATH CLAIMS) / *BORANG NOTIS DATA PRIVASI & PERSETUJUAN (TUNTUTAN KEMATIAN)*

1. Processing of Your Personal Data / *Pemprosesan Data Peribadi Anda*

Allianz General Insurance Company (Malaysia) Berhad ("**Company**") will use the information you supply in the Death Claim Form to, among others, process your claim in accordance with the Personal Data Protection Act 2010, other related legislation, the Company's and/or its Group's own strict internal policy. / *Allianz General Insurance Company (Malaysia) Berhad ("**Syarikat**") akan menggunakan maklumat yang anda bekalkan dalam Borang Tuntutan Kematian untuk, antaranya, memproses tuntutan anda mengikut Akta Perlindungan Data Peribadi 2010, undang-undang lain yang berkaitan dan polisi dalaman Syarikat dan/atau Kumpulannya sendiri yang ketat.*

The personal information supplied by you will include policy information, financial information and sensitive personal data about you and the deceased which include information on physical or mental health or medical condition or religious beliefs ("**Personal Data**"). / *Maklumat peribadi tersebut, samada yang dibekalkan oleh anda atau ahli keluarga anda yang lain, akan termasuk maklumat polisi, kewangan dan data peribadi sensitif berkenaan anda dan mana-mana ahli keluarga anda merangkumi maklumat berkaitan kesihatan fizikal atau mental, keadaan perubatan atau kepercayaan agama, sekiranya mereka juga dilindungi di bawah insurans yang mana suatu tuntutan dibuat ("**Data Peribadi**").*

The Company may also obtain your Personal Data from other sources, such as bureau or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry; other external database suppliers, governmental departments, agencies or authorities; any party who has, does or will provide products or services to you and to whom you have granted consent, the Company's commercial partners, insurance intermediaries, reinsurers and third party administrators and/or service providers, other insurance companies, attending doctors, hospitals, clinics, other medical professionals, facilities or pharmacies, workshops, lawyers and agents that have knowledge of the deceased or records in respect thereof or who had attended to or treated the deceased (as the case may be), proposed assignees, group policyholders, and related persons or organizations from whom such information would be essential for the proper processing of the data for the purposes as stated herein. / *Syarikat mungkin memperoleh Data Peribadi anda daripada sumber-sumber lain, seperti biro atau agensi-agensi yang ditubuhkan atau akan ditubuhkan oleh pihak berkuasa kawal selia, operator rekod atau pangkalan data yang tersedia kepada industri insurans, atau pembekal-pembekal pangkalan data luar, jabatan kerajaan, agensi atau pihak berkuasa, mana-mana pihak yang telah, sedang atau akan membekalkan produk atau khidmat kepada anda dan kepada siapa yang anda telah memberikan persetujuan, rakan-rakan komersil Syarikat, pihak perantara insurans, pihak penanggung insurans semula, pengurus dan/atau pembekal perkhidmatan pihak ketiga, syarikat insurans yang lain, doktor perawat, hospital, klinik, ahli profesional perubatan lain, kemudahan atau farmasi perubatan yang lain, bengkel, peguam, agen yang mempunyai pengetahuan tentang si mati atau rekod yang berkaitan atau sesiapa yang telah memeriksa atau merawati si mati (yang mana berkaitan), pemegang serah hak yang dicadangkan, pemunya polisi berkumpulan; atau orang-orang yang berkaitan atau organisasi daripada mana maklumat sebegitu adalah penting untuk pemprosesan data yang sepatutnya untuk tujuan yang dinyatakan di sini.*

2. Impact resulting from failure to supply information / *Akibat daripada kegagalan untuk membekalkan maklumat*

You may choose whether or not to provide your Personal Data to the Company. However, failure to supply your Personal Data as requested may result in the Company being unable to evaluate your claim, which may lead to your claim being denied. Hence, it is obligatory for you to provide the Company your Personal Data when you choose to make a claim in respect of a policy with the Company. / *Anda boleh memilih sama ada hendak memberikan Data Peribadi anda kepada Syarikat atau tidak. Walaubagaimanapun, kegagalan untuk memberikan Data Peribadi anda seperti yang diminta mungkin akan mengakibatkan Syarikat tidak dapat menilai tuntutan anda, yang mana boleh menyebabkan tuntutan anda ditolak. Dengan itu, adalah menjadi obligasi anda untuk membekalkan kepada Syarikat Data Peribadi anda apabila anda memilih untuk membuat tuntutan terhadap polisi dengan Syarikat.*

For the purposes of evaluating and administering claims, the Company may also rely on this authorization to disclose information about the deceased to the authorized third parties so that they may conduct health care operations, claims payment, administrative and audit functions related to the deceased's benefit plans, if any. / *Bagi tujuan penilaian dan pentadbiran tuntutan, Syarikat juga boleh bergantung kepada persetujuan ini untuk mendedahkan maklumat berkenaan si mati kepada pihak ketiga yang diberi kuasa supaya mereka dapat melakukan operasi kesihatan, bayaran tuntutan, pentadbiran dan fungsi audit berkaitan dengan manfaat si mati, jika ada.*

3. Purposes of Collecting and Using Your Personal Data / *Tujuan Mengumpul dan Menggunakan Data Peribadi Anda*

Your and the deceased's Personal Data will be collected, used and otherwise processed by the Company for the following purposes: / *Data Peribadi anda akan dikumpul, diguna dan sebaliknya diproses oleh Syarikat untuk tujuan-tujuan berikut:*

(a) for claims processing, evaluation, administration and claim settlement; / *untuk memproses tuntutan, menilai, mentadbir dan penyelesaian tuntutan;*

(b) for detection and prevention of criminal activity or fraud in connection with an insurance transaction and/or improper claim; / *untuk mengesan dan mengelakkan aktiviti jenayah atau penipuan berkaitan dengan transaksi insurans dan/atau tuntutan tidak betul;*

(c) to ensure that the Company's records are updated; / *untuk memastikan bahawa rekod Syarikat adalah terkini;*

(d) for statistical analysis and surveys; / *untuk analisis statistik dan kaji selidik;*

(e) for data transfer to, and sharing with, other members of the Group and/or third parties acting on behalf of the Company, including those located outside Malaysia. / *untuk pemindahan data kepada, dan berkongsi dengan, ahli-ahli lain dalam Kumpulan dan/atau pihak ketiga yang bertindak bagi pihak Syarikat, termasuk yang berada di luar Malaysia.*

4. Disclosure of Your Personal Data / *Pendedahan Data Peribadi Anda*

Your and the deceased's Personal Data may also be disclosed to authorized third parties including other insurers, brokers, credit organizations, underwriters,

reinsurers, group policyholders, benefit plan administrators, those to whom the Company outsource certain business operations, the Company's commercial partners, regulatory authorities, bureau or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry, loss adjusters, lawyers, auditors, persons conducting actuarial or research studies, accountants, consultants, surveyors, external claims data collectors, investigators and medical professionals, and any other contractors or sub-contractors as required or permitted by law or as we may determine to be necessary or appropriate. / *Data Peribadi anda dan simati juga boleh didedahkan kepada pihak ketiga yang diberi kuasa termasuk syarikat insurans yang lain, broker, organisasi-organisasi kredit, pengunderait, pihak penanggung insurans semula, pemunya polisi berkumpulan, pihak pengurusan pelan manfaat, kepada mereka yang mana Syarikat telah menyumber luar operasi bisnes yang tertentu, rakan-rakan komersil Syarikat, pihak berkuasa kawal selia, biro atau agensi yang telah atau akan ditubuhkan oleh pihak berkuasa kawal selia, operator rekod atau pangkalan data yang tersedia kepada industri insurans, penyelaras kerugian, peguam, juruaudit, mereka yang melaksanakan penyelidikan aktuari atau kaji selidik, akauntan, pakar runding, peninjau, pengumpul data tuntutan luar, penyiasat dan profesional perubatan dan mana-mana kontraktor atau sub-kontraktor lain yang diperlukan atau dibenarkan oleh undang-undang atau yang diputuskan oleh kami sebagai perlu atau bersesuaian.*

5. Your Rights of Access to Your Personal Data / *Hak Anda Untuk Akses Kepada Data Peribadi Anda*

You have the right to request in writing access to, enquire and complain in respect of your Personal Data held by the Company by contacting the Company's Customer Service Officer at **1300-88-1028** from 8.45 a.m. to 5.45 p.m., Monday to Friday or email at customer.service@allianz.com.my or via our Fax No. 03-2264 8499. You also have the right to request in writing for the Company to cease processing your Personal Data. / *Anda berhak untuk meminta secara bertulis akses kepada, membuat apa-apa pertanyaan atau aduan berkaitan dengan Data Peribadi anda yang disimpan oleh Syarikat dengan menghubungi Pegawai Perkhidmatan Pelanggan Syarikat di **1300-88-1028**, dari 8.45 pagi hingga 5.45 petang, Isnin hingga Jumaat atau emel kepada customer.service@allianz.com.my atau melalui No. Faks 03-22648499. Anda juga boleh meminta secara bertulis kepada Syarikat untuk berhenti memproses Data Peribadi anda.*

6. Information About Another Person / *Maklumat Berkaitan Orang Lain*

When you give the Company, information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data and to receive on their behalf, any data privacy notices. / *Apabila anda memberi Syarikat maklumat berkaitan orang lain, anda mengesahkan bahawa mereka telah melantik anda untuk bertindak bagi pihak mereka untuk bersetuju dengan pemprosesan Data Peribadi mereka dan untuk menerima bagi pihak mereka apa-apa notis data privasi.*

CONSENT TO PROCESS AND DISCLOSE PERSONAL DATA / *PERSETUJUAN UNTUK MEMPROSES DAN MENDEDAH DATA PERIBADI*

I have fully read and understood this Data Privacy Notice. I hereby confirm that I give explicit consent, in accordance with the provisions of the Personal Data Protection Act 2010, on behalf of myself and any family members, dependants, or other persons (collectively referred to as "**other persons**"), to the Company and/or its Group to collect, use, disclose, transfer, share or otherwise process my Personal Data and the Personal Data of the other persons including sensitive personal data for the abovementioned purposes. I confirm that where I have provided Personal Data about the other persons, as part of my claim, I have obtained the consent of the individual(s) concerned to enable the Company and/or its Group to use their Personal Data, including any sensitive personal data. I also confirm that I have brought the Data Privacy Notice to the attention of the other persons who confirm that they understand, agree and authorize the Company and/or its Group to deal with their Personal Data in accordance with the declaration above. / *Saya telah membaca dan memahami sepenuhnya Notis Data Privasi ini. Saya mengesahkan bahawa saya memberi persetujuan yang nyata, mengikut peruntukan Akta Perlindungan Peribadi 2010 bagi pihak saya dan mana-mana ahli keluarga, tanggungan, benefisiari, pemegang amanah, wakil peribadi, penama, pemegang serah hak atau sesiapa yang dinamakan dalam borang ini (secara kolektifnya dirujuk sebagai "**orang-orang lain**"), kepada Syarikat dan/atau Kumpulannya untuk mengumpul, menggunakan, mendedahkan, memindahkan, berkongsi atau sebaliknya memproses Data Peribadi saya dan Data Peribadi orang-orang lain termasuk data peribadi sensitif untuk tujuan-tujuan yang dinyatakan di atas. Saya mengesahkan bahawa di mana saya telah memberikan Data Peribadi berkenaan dengan orang-orang lain, saya telah memperoleh persetujuan individu yang berkaitan untuk membolehkan Syarikat dan/atau Kumpulannya menggunakan Data Peribadi mereka, termasuk apa-apa data peribadi sensitif. Saya juga mengesahkan bahawa saya telah membawa Notis Data Privasi ini kepada perhatian orang-orang lain yang telah mengesahkan bahawa mereka memahami, bersetuju dan memberi kuasa kepada Syarikat dan/atau Kumpulannya untuk berurus dengan Data Peribadi mereka mengikut deklarasi di atas.*

Signature / *Tandatangan*

Date / *Tarikh*

Full Name / *Nama Penuh* :

NRIC No. / *No. Kad Pengenalan* :