



MUI Continental Insurance Berhad (29123-D)

Head Office / KL Branch

Mezzanine Floor & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia.

Tel: 03-2070 9226 Fax: 03-2070 4226 / 2070 5226 E-mail: gpa@muicna.com

Customer Service Department

Mezzanine Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia. Tel: 03-2078 4690, 2078 4695 Fax: 03-2072 9226

A member of The MUI Group
In Association with CNA Insurance

THE CLAIMANT IS REQUESTED TO NOTE :-

NOTICE OF CLAIM

- (a) Before submitting details of loss or damage the claimant is requested to read conditions of the policy.
- (b) This form must be filled up and delivered to the company within 7 days of its receipt by the Claimant.
- (c) The Claimant must promptly take all practicable steps including the giving of immediate notice to the Police for discovering and punishing any guilty party or parties, if any, and for tracing and recovering any property lost.
- (d) As it is a condition of the policy that it shall be void if any false statement or declaration be made in support of a claim, care should be exercised in filling up this form.
- (e) Particulars of the claim should be stated as fully as possible and any suspicious as to parties implicated should be communicated to the company.

THE INSURED

Insured's Name Policy Number

Address Tel.

Occupation I/C No:

THE PROPERTY

Location of Property destroyed/damaged

Do you have sole interest in the effected Property? if not, provide details of other interested parties involved (i.e. lessors, mortgagees. etc.)

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Are there other insurances in force on the Property? if any, give details of

	<u>Company</u>	<u>Policy No.</u>	<u>Amount Insured</u>
1.
2.
3.

Have you ever made a claim on any insurer in respect of loss or damage by any of the risks covered by the above Policy?

Date of loss of Damage Time Place

Police Station to which loss was reported Date

Please state briefly to the best of your knowledge and belief how the loss or damage occurred

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THE LOSS

Have you any suspicious as to any parties implicated? If so, please give particulars:

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DECLARATION

I/We hereby declare the foregoing particulars to be true in every respect and that no information has been suppressed and that the sum above claimed represents the amount I/We are entitled to claim in terms of the Policy and the instructions contained herein.

Date
CLM-1

Signature of Claimant And Company Chop

PLEASE COMPLETE DETAILS ON BACK ON THIS FORM

STATEMENT OF CLAIM

N.B. The amount to be claimed on any article is limited to the actual intrinsic value at the time of loss. The nature of the loss or damage should be stated, with full details in the Remarks column. If an article is repairable, the cost of repair only need be inserted in Column (6). All items of claim must be supported by proof.

(1) Full Description of Lost or Damaged Articles.	(2) Name and Address of Party from whom Article Purchased or by whom Presented.	(3) Date of Purchase or Presentation as far as is known.	(4) Price Paid as Far as is known.	(5) Deduction for Age Use and/or Wear and Tear	(6) Sum claimed for Present Value or Damage.	(7) Remarks Regarding Loss or Damage