



RHB INSURANCE BERHAD

(Co. No. 38000-U)
LEVEL 12, WEST WING, THE ICON, NO. 1, JALAN 1/68F, JALAN TUN RAZAK, 55000 KUALA LUMPUR
TEL: 03-2180 3000 / 2180 3200 FAX: 03-2161 6322 (Claims)

Serial No.: FIRE/

CLAIM FORM - FIRE INSURANCE

Policy No. : _____

Claim No. : _____

SECTION 1 - INSURED INFORMATION

Name of Insured : (Please state whether Mr., Mrs. or Miss)	
Telephone No.: Home	Business :

SECTION 2 - AN ANSWER IS REQUIRED TO EACH OF THE FOLLOWING QUESTIONS

(a) What was the nature of the occurrence (e.g., "fire") and when did it take place?	_____
	At _____ a.m. / p.m. on _____
(b) At what address did it take place?	
(c) For what purposes were the Premises being used at date of the occurrence?	
(d) Describe briefly what happened and the resultant damage, and state what you believe caused it to happen.	
(e) Where the Premises and their occupation at the time of the occurrence exactly as described in the Policy? Had any element of risk been introduced which was not allowed by the Policy?	
(f) Is the Claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other Interest.	
(g) Were there at the time of the occurrence any other existing Insurances on the said Property, with any other Company or Insurer, whether effected by the Claimant or by any other Person? If so, state full particulars. If not, please write "No".	
(h) Give dates of any previous claims of a similar nature you have made in connection with these or any other premises, and the amount of the loss. If none, please write "None".	

THE DETAILS REQUIRED ON PAGE TWO MUST BE GIVEN

I _____ now residing at _____

_____ do hereby declare that the above is a full, true and accurate statement, and I further declare that the articles mentioned on the other side, being my property, and insured under the above-named Policy of Policies, were destroyed or damaged by the stated occurrence according to the extent and values detailed overleaf, wherefore I claim from the RHB INSURANCE BERHAD the sum Malaysia Ringgit.

Dated this _____ day of _____ 20 _____

Signature of Claimant _____

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If the Claim be in respect of BUILDINGS, the Claim must be accompanied by a Builder's Estimate, obtained at Insured's own expense, of the Cost of putting the Building into the same state as it was in immediately before the occurrence - no contemplated improvements may be included in such estimate.

If the claim be for CONTENTS, a full list of the Articles destroyed or damaged must be given and against each item must be declared:-

- 1. - Their original Cost Price.
- 2. - Their value immediately before occurrence (after making due allowance for "wear and tear").
- 3. - Their value (if any) after the occurrence, or "Value of Salvage".
- 4. - The difference between 2 and 3, which will be the nett amount of loss sustained.

In the case of Claims for STOCKS-IN-TRADE, COST PRICES (after deduction of all Discounts and Trade Allowances for Cash Payments) are alone recognised in estimating sound values.

Item No.	Description of Items	Cost Price of Property or Articles damaged or destroyed	Date of Purchase	Estimated Value at the time of the Loss	Value of the Salvage	Nett amount Claimed after deduction of such Salvage

PLEASE APPEND ADDITIONAL SHEET, IF NECESSARY.