Level 12, West Wing, The Icon, No. 1, Jalan 1/68F, Jalan Tun Razak, 55000 Kuala Lumpur.
Customer Relationship Centre: 1300 220 007, WhatsApp: 012-6031978, Email: rhbi.general@rhbgroup.com

LIABILITY 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

Has a claim been made against you? ☐ Yes ☐ No

If so, by whom and for what amount? _____

Have you in any way admitted liability? ☐ Yes ☐ No

Have you received any Demand Notice/Writ of Summons? ☐ Yes ☐ No

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 on / Replacement Amount

Note : The claim 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.

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

[This paragraph is only applicable to parent/legal guardian/next-of-kin/authorized representative of junior claimant(s)/insured(s), if any]

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	
MyKad No.	
Relationship with the junior claimant(s)/insured(s)	

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 ☐ Agent ☐ Workshop ☐ Adjuster ☐ Vendor ☐ 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.