

Serial No.: PL



**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)

CLAIM FORM - <input type="checkbox"/> PUBLIC LIABILITY INSURANCE <input type="checkbox"/> PERSONAL LIABILITY INSURANCE
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Policy No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

**NOTIFICATION OF ACCIDENT FORM**

The Insurance of this form should not be construed as an admission of liability on the part of the Company. All written communications received by you concerning the accident should be forwarded immediately unanswered to the Company. All questions must be duly answered.

**SECTION 1 - INSURED INFORMATION**

1. Name of Insured	
2. Address	Tel. No. :
3. Business / Occupation	
4. Date of Accident	Time :
5. Place of Accident	

**SECTION 2 - DETAILS OF ACCIDENT**

6. Give full details how accident occurred	
7. Give names and addresses of witnesses	
8. Name and address of person who caused or who was to blame for the accident	
9. Was the matter reported to the police?	
10. If so, please state which police station and report number (please enclose a copy of the report together with this form)	

