



LONPAC INSURANCE BHD (307414-T)

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Internet Form
(Borang Internet)

PUBLIC LIABILITY (THIRD PARTY) NOTIFICATION FORM LIABILITI AWAM (PIHAK KETIGA) BORANG NOTIFIKASI

Please read carefully and answer fully such questions as are applicable to the occurrence.
Sila baca dengan teliti dan jawab dengan penuh soalan-soalan yang berkenaan dengan kejadian.

THE INSURED MUST NOT DISCLOSE TO CLAIMANTS OR ANY OTHER PERSONS, THE FACT THAT HE IS INSURED.
TERJAMIN HENDAKLAH TIDAK MEMBERITAHU PENUNTUT ATAU SESIAPA, YANG DIA ADALAH DIINSURANSKAN.

Policy No : _____
No. Polisi

Claim No : _____
No. Tuntutan

Account No : _____
No. Akaun

Estimate : _____
Anggaran

POLICYHOLDERS / PEMEGANG POLISI	
1. Name Nama	: <input type="text"/>
2. Correspondence Address Alamat Surat Menyurat	: <input type="text"/>
3. Telephone No. No. Telefon	: <input type="text"/> O <input type="text"/> - <input type="text"/> <input type="text"/> H <input type="text"/> - <input type="text"/>
4. Occupation or Business Pekerjaan atau Perniagaan	: <input type="text"/>

ACCIDENT / KEMALANGAN	
1. Date of accident Tarikh Kejadian	Time: Masa: _____
2. Where did accident happen? Tempat kejadian?	
3. Please state how the accident happened and (if applicable) give overleaf a rough sketch illustrating circumstances of accident Nyatakan bersama kejadian berlaku dan lakarkan sketsa menunjukkan keadaan kemalangan pada muka sebelah.	
4. When and by whom was the accident reported? Bila dan oleh siapa kejadian dilaporkan?	
5. Was the accident due to carelessness or negligence on your part or that of your employees? Adakah kemalangan disebabkan oleh kecuaiian anda atau pun oleh pekerja anda?	
6. Have you in any way admitted liability? Adakah anda mengaku salah?	
7. To which Police Officer or at which Police Station (if any) did you report the occurrence? Siapakah pegawai polis atau balai polis manakah kejadian dilaporkan?	
8. Names and addresses of witnesses Nama dan alamat saksi-saksi	

<p>9. If no names of witnesses were taken please state reason <i>Jika tiada nama saksi diambil, nyatakan sebab-sebab</i></p>	
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PARTICULARS OF DAMAGE OR INJURY TO OTHER PERSONS OR PROPERTY

(Any communication received regarding the Accident should be sent to the Company immediately)

BUTIRAN KEROSAKAN ATAU KECEDEeraan KEPADA ORANG LAIN ATAU KEPUNYAAN ORANG LAIN

(Sebarang komunikasi yang diterima hendaklah dihantar kepada Syarikat ini dengan serta merta)

<p>1. Name and address of the other party or parties <i>Nama dan alamat pihak atau pihak-pihak lain</i></p>			
<p>2. The nature of the personal injuries, if any, sustained by any person as a result of the occurrence <i>Jenis kecederaan jika ada, yang dialami oleh sesiapa akibat dari kejadian</i></p>	Name / Nama	Estimated age / Umur	Injuries / Kecederaan
<p>3. The extent of the damage to property <i>Setakat manakah kerosakan kepada kepunyaan pihak ketiga</i></p>			
<p>4. Whether any claim has been made upon you <i>Adakah sebarang tuntutan dibuat atas anda</i></p>			
<p>5. If so, was the amount of such claim specified? <i>Jika ada, berapakah jumlah tuntutan?</i></p>			
<p>6. In your opinion, was the other party to blame? If so, please give reasons <i>Apakah pihak ketiga bersalah? Jika ya, nyatakan sebab-sebab</i></p>			
<p>7. Was liability admitted by the other party? <i>Adakah pihak ketiga mengaku bersalah?</i></p>			
<p>8. Please give here any additional information which you consider would help the Company in dealing with any claim that may be made against you, including particulars of the other party's insurers, if known <i>Tolong berikan maklumat tambahan yang anda fikir boleh membantu Syarikat ini menguruskan tuntutan terhadap anda termasuk butir-butir syarikat insuran pihak lain, jika tahu</i></p>			

I/We declare the above to be true to the best of my/our knowledge and belief.
 Saya/Kami mengaku bahawa keterangan diatas adalah benar.

Date: _____
 Tarikh: _____

Signature of Insured
 Tandatangan Terjamin
 (Company chop where applicable)
 (Cop syarikat dimana perlu)