



LONPAC INSURANCE BHD

(Co. No: 307414-T)

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Website: www.lonpac.com

Internet Form
(Borang Internet)

MOTOR ACCIDENT / LOSS REPORT BORANG TUNTUTAN INSURANS KENDERAAN BERMOTOR

Please tick (✓) where appropriate
Sila tanda (✓) dimana berkenaan

Own damage claim Tuntutan kerosakan sendiri	
For notification only Untuk pemberitahuan sahaja	TPPD/TPBI
	KFK
	Revised KFK
Theft / Kecurian	

For Office Use Only Untuk Kegunaan Pejabat Sahaja	Date: Tarikh: _____
Vehicle No. / No. Kenderaan	
Signature / Tandatangan	

"IT IS IMPORTANT that this form is completed fully and returned to the company within 14 days. Send all communications you may receive to us immediately. You are also not to admit that your driver was at fault, or that you are liable for the accident."

"ADALAH PENTING borang tuntutan mestilah diisi penuh dan dikembalikan dalam tempoh 14 hari. Semua surat-menyurat yang diterima berkenaan dengan kemalangan hendaklah dihantar segera kepada kami. Anda juga dinasihatkan supaya jangan mengaku bertanggungjawab keatas kemalangan tersebut."

SECTION A POLICYHOLDER / PEMEGANG POLISI

1. Name / Nama :											
2. Address (Office) / Alamat (Pejabat) :											
Telephone No. (Office) / No. Telefon (Pejabat) :					E-mail address / Alamat E-mel :						
3. Address (House) / Alamat (Kediaman) :											
Telephone No. (Home) / No. Telefon (Kediaman) :					Handphone No. / No. Telefon Bimbit :						
4. Business/Occupation / Perniagaan/ Pekerjaan :											
5. Policy No. / No. Polisi :					Expiry Date / Tarikh Luput :						
6. Sum Insured / Jumlah diinsuranskan :					Marital Status / Taraf Perkahwinan :						

SECTION B DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE KETERANGAN MENGENAI PEMANDU ATAU ORANG YANG BERTANGGUNGJAWAB KEATAS KENDERAAN

These questions must be answered whether or not the Policyholder was driving.
Soalan-soalan ini mesti dijawab samaada pemegang polisi yang memandu ataupun tidak.

1. Name / Nama :											
2. Address (Office) / Alamat (Pejabat) :											
Telephone No. (Office) / No. Telefon (Pejabat) :											
Address (House) / Alamat (Kediaman) :											
Telephone No. (Home) / No. Telefon (Kediaman) :					Handphone No. / No. Telefon Bimbit :						
Relationship with owner / Hubungan antara pemandu dengan pemegang polisi :											
Driver's Occupation / Pekerjaan Pemandu :											
3. Age at date of accident / Umur pada masa kemalangan :			Year(s) / Tahun			E-mail address / Alamat E-mel					
						Marital Status / Taraf Perkahwinan	<input type="checkbox"/> Married / Kahwin	<input type="checkbox"/> Single / Bujang			
							<input type="checkbox"/> Divorced / Bercerai	<input type="checkbox"/> Widow/Widower / Janda/Duda			
4. a) What kind of licence does he/she hold? / Apakah jenis lesen memandu dimiliki?						provisional / percubaan	<input type="checkbox"/>	full / penuh	<input type="checkbox"/>		
b) Driving experience / Pengalaman memandu :			Year(s) / Tahun								
5. a) Has he/she any conviction for any offence in connection with motor vehicles? / Pernahkah dia didakwa untuk kesalahan lalulintas						Yes / Ya	<input type="checkbox"/>		No / Tidak	<input type="checkbox"/>	
b) If so, give full details including dates / Jika ya, berikan keterangan termasuk tarikh											

6. a) Has he/she been involved in any previous accident?
Pernahkah dia terlibat dalam sebarang kemalangan sebelum ini? Yes / Ya No / Tidak

b) If so, give full details including dates _____
Jika ya, berikan keterangan termasuk tarikh _____

7. Was he/she driving with your permission?
Adakah dia memandu dengan kebenaran anda? Yes / Ya No / Tidak

8. a) Is he/she employed by you?
Adakah dia bekerja untuk anda? Yes / Ya No / Tidak

b) If so, how long has he/she been in your service?
Jika ya, sudah berapa lama? _____ yrs. / tahun _____ months / bulan

9. Was he/she in any way to blame for the accident?
Adakah dia bersalah dalam kemalangan ini? Yes / Ya No / Tidak

10. Did he/she admit liability?
Adakah dia mengaku salah? Yes / Ya No / Tidak

SECTION C PARTICULARS OF VEHICLE / BUTIR-BUTIR KENDERAAN

1. Make and model / *Jenis kenderaan* : _____

2. Registration details / *Nombor Pendaftaran* : _____ Capacity / *Kuasa enjin* : _____ cc

3. Year of make and colour / *Tahun pembuatan dan warna* : _____

4. a) Is vehicle subjected to hire purchase?
Adakah kenderaan tertakluk kepada perjanjian sewa beli? Yes / Ya No / Tidak

b) If yes, please state name of finance company? _____
Jika ya, sila nyatakan nama syarikat kewangan?

c) Address of the finance company: _____
Alamat syarikat kewangan:

5. For what purpose was vehicle being used at time of accident?
Tujuan kenderaan digunakan semasa kemalangan berlaku? _____

6. Was a trailer or sidecar attached?
Adakah treler bersambung kepada kenderaan? Yes / Ya No / Tidak

SECTION D DAMAGE TO INSURED VEHICLE / KEROSAKAN PADA KENDERAAN

Question 2 applies only to Policy covering damage to the vehicle.

Soalan 2 hanya berkenaan Polisi yang merangkumi kerosakan pada kenderaan sahaja.

1. Nature/Cost of damage: _____
Butir-butir kerosakan/Anggaran kerosakan :

2. a) Name and address of nearest proposed repairer / *Nama dan alamat bengkel kereta:*

b) Can the vehicle still be driven?
Adakah kenderaan masih boleh dipandu? Yes / Ya No / Tidak

c) If vehicle is still in use, when and where can it be inspected? _____
Jika kenderaan masih digunakan, bila dan dimanakah ia boleh diperiksa?

1. Date / Tarikh: _____ Time / Masa _____ am/pm

2. Full Description of place where accident occurred / Dimanakah kemalangan berlaku :

3. Was your vehicle on the main road?
Adakah anda memandu di atas jalan utama? Yes / Ya No / Tidak

4. Condition of road
Keadaan jalan dry / kering wet / basah greasy / berminyak

5. Speed of your vehicle before impact _____ km/hour
Kelajuan kenderaan semasa kemalangan berlaku

6. Was your vehicle on the correct side of the road?
Adakah kenderaan anda disebelah jalan yang betul? Yes / Ya No / Tidak

7. What warning did you/your driver give? _____
Apakah amaran anda/pemandu beri?

8. a) Did the police take particulars or photographs at the location of the accident?
Adakah polis mengambil butir-butir atau gambar ditempat kemalangan? Yes / Ya No / Tidak

b) Were you summoned by the police?
Adakah anda disaman oleh polis? Yes / Ya No / Tidak

9. Please give detailed description of accident
Sila terangkan dengan terperinci bagaimana kemalangan berlaku

10. Plan of accident – Draw a sketch showing scene of accident, including names of roads, position of vehicles, measurements, skid marks, pedestrian crossings, road signs, traffic signals, plus any other information which you may consider to be relevant
Lakarkan sketsa/raja kasar yang menunjukkan: tempat berlakunya pelanggaran, arah kenderaan dengan menggunakan anak panah, tanda-tanda pada jalanraya, sebarang ukuran, sebarang informasi yang anda menganggap penting dalam kemalangan ini

Before The Accident / Sebelum Kemalangan

After The Accident / Selepas Kemalangan

SECTION F INDEPENDENT WITNESSES / SAKSI-SAKSI TERKECUALI

Names and addresses of Independent witnesses / Nama-nama dan alamat saksi-saksi berkecuali

- 1) _____
- 2) _____
- 3) _____
- 4) _____

SECTION G PASSENGERS IN YOUR VEHICLE / PENUMPANG DALAM KENDERAAN

Names and addresses of passengers in your vehicle / Nama-nama dan alamat penumpang yang berada dalam kenderaan

- 1) _____
- 2) _____
- 3) _____
- 4) _____

SECTION H OTHER VEHICLES INVOLVED AND/OR PROPERTY DAMAGED
KENDERAAN LAIN YANG TERLIBAT DAN/ATAU HARTA KEPUNYAAN PIHAK KETIGA

Names and addresses of driver and/or owner <i>Nama dan alamat pemandu dan/atau pemilik</i>	Reg details <i>No. Kenderaan</i>	Nature of damage <i>Butir-butir kerosakan</i>	Insurers and policy no. <i>Syarikat Insuran dan no. polisi</i>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

SECTION I PERSONS INJURED / PIHAK YANG TERCEDERA

Names and address – state if driver or passenger and in which vehicle, or pedestrian <i>Nama dan alamat – nyatakan jika dia pemandu atau penumpang serta didalam kenderaan yang mana atau jika dia adalah pejalan kaki</i>	Nature of injuries <i>Butir kecederaan</i>	Estimated age <i>Anggaran umur</i>	Hospitalised? Dimasukkan ke Hospital?	
			Yes / Ya	No / Tidak
1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

SECTION J THIRD PARTY CLAIMS / TUNTUTAN PIHAK KETIGA

1. Has any claim been made upon you?
Adakah sebarang tuntutan dibuat terhadap anda? Yes / Ya No / Tidak

2. If so, for what amount?
Jika ya, berapa jumlah tuntutan? _____

3. Has liability been admitted by the other party?
Adakah pihak ketiga mengaku bertanggungjawab? Yes / Ya No / Tidak

4. In your opinion, was the other party to blame?
Pada pendapat anda, adakah pihak ketiga bersalah? Yes / Ya No / Tidak

5. If so, give reason / *Jika ya, sila beri alasan*

I declare that these answers and statements are true and correct. In accordance with the Policy Conditions, I will forward immediately any correspondence relating to the occurrence.

Saya mengaku bahawa keterangan dan pernyataan yang diberikan diatas adalah benar dan betul. Dalam mengikut syarat-syarat polisi, saya akan menghantar dengan segera sebarang surat-menyurat berkenaan dengan kemalangan pada syarikat insuran.

I hereby give consent on behalf of myself and/or claimants in accordance with the provisions of the Personal Data Protection Act 2010, to LONPAC INSURANCE BHD to collect, use, disclose, transfer, share or otherwise process my Personal Data including any sensitive Personal Data. For information on our privacy policy, please visit our website www.lonpac.com/web/my/privacy_policy_my.

Dengan ini, saya mengesahkan bahawa saya memberi persetujuan bagi pihak saya dan/atau penuntut mengikut Akta Perlindungan Peribadi 2010 membenarkan LONPAC INSURANCE BHD untuk mengumpul, menggunakan, mendedahkan, memindahkan, berkongsi atau sebaliknya memproses Data Peribadi saya termasuk Data Peribadi Sensitif.

Untuk maklumat lanjut mengenai polisi maklumat sulit kami, sila layar ke laman internet www.lonpac.com/web/my/privacy_policy_my.

Signature of Insured:
Tandatangan Pemegang Polisi

Date:
Tarikh:

Signature of Driver:
Tandatangan Pemandu:

Date:
Tarikh:

Opt for e-Payment

To enjoy the convenience of having your payments credited directly into your bank accounts

Benefits of e-Payment :

- * Fast access to funds as payment will be credited directly to your bank account
- * Eliminate incidents of misplaced, lost or expired cheques and unauthorised deposit of cheques
- * Eliminate the inconvenience of having to go to bank to deposit the cheques

To: Lonpac Insurance Bhd
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6 Jalan Sultan Sulaiman
50000 Kuala Lumpur

ELECTRONIC CREDIT PAYMENT AUTHORISATION FORM (Verification By Lonpac)

1. Name / Company Name : _____
2. Agency Account No. (If applicable) : _____
3. Beneficiary IC / Business Registration No. : _____
4. Address : _____
: _____
: _____
5. Bank Account Details (Photocopy of Bank Statement / 1st page of Bank Savings Book must be attached)
- Beneficiary Name : _____
- Bank Name : _____
- Bank Account No. : _____
6. E-mail ADDRESS : (a) _____
(For notification of payment details) : (b) _____
7. Telephone No. : _____ (Office) _____ (HP)
8. Policy No. (If applicable) : _____
9. Claim No. (If applicable) : _____

I/We hereby authorise Lonpac Insurance Bhd to remit all payments directly to the above nominated account. A copy of the bank statement / bank savings book showing the account number and account holder is attached.

Authorised Signatory and Company Stamp (If Applicable)

Date :

For Lonpac Use		
	Signature	Date
Verified by :		
1st Approved by :		
2nd Approved by :		

PRIVACY POLICY

For information on our privacy policy, please visit our website www.lonpac.com/web/my/privacy_policy_my