



LONPAC INSURANCE BHD (Co. No: 307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.
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Website: www.lonpac.com

Internet Form
(Borang Internet)

WINDSCREEN CLAIM FORM BORANG TUNTUTAN CERMIN KERETA

For Office Use Only <i>Untuk Kegunaan Pejabat Sahaja</i>	Date : <i>Tarikh</i>
Policy No. / <i>No. Polisi</i>	
Vehicle No. / <i>No. Kenderaan</i>	
Signature / <i>Tandatangan</i>	

Phone No	:	
<i>No. telefon</i>		
Occupation	:	
<i>Pekerjaan</i>		
Name of Employer	:	
<i>Nama Majikan</i>		
Nature of business (if self-employed)	:	
<i>Jenis perniagaan (jika perniagaan sendiri)</i>		

SECTION A POLICYHOLDER / PEMEGANG POLISI

1. Name / <i>Nama</i>	:											
2. Address (Office) <i>Alamat (Pejabat)</i>	:											
Telephone No. (Office) <i>No. Telefon (Pejabat)</i>	:					E-mail address <i>Alamat E-mel</i> :						
3. Address (House) <i>Alamat (Kediaman)</i>	:											
Telephone No. (Home) <i>No. Telefon (Kediaman)</i>	:					Handphone No <i>No. Telefon Bimbit</i>	:					
4. Business/Occupation <i>Perniagaan/Pekerjaan</i>	:											
5. Name of Employer <i>Nama Majikan</i>	:											
6. Nature of business (if self-employed) <i>Jenis perniagaan (jika perniagaan sendiri)</i>	:											
7. Policy No. <i>No. Polisi</i>	:					8. Windscreen Coverage <i>Jumlah Cermin Kereta Dilindungi</i>	:					

SECTION B DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE / PEMANDU ATAU ORANG YANG BERTANGGUNGJAWAB KE ATAS KENDERAAN

1. Name / <i>Nama</i>	:											
2. Address (Office) <i>Alamat (Pejabat)</i>	:											
3. Telephone No. (Office) <i>No. Telefon (Pejabat)</i>	:					E-mail address <i>Alamat E-mel</i> :						
4. Address (House) <i>Alamat (Kediaman)</i>	:											
5. Telephone No. (Home) <i>No. Telefon (Kediaman)</i>	:					Handphone No <i>No. Telefon Bimbit</i>	:					
6. Driver's Occupation <i>Pekerjaan Pemandu</i>	:											
7. Age at date of incident <i>Umur pada masa kejadian</i>	:			Year(s) / <i>Tahun</i>		Marital Status : <i>Taraf Perkahwinan:</i>	<input type="checkbox"/> Married <i>Kahwin</i>		<input type="checkbox"/> Single <i>Bujang</i>			
8. Driving experience <i>Pengalaman memandu</i>	:			Year(s) / <i>Tahun</i>		<input type="checkbox"/> Divorced <i>Bercerai</i>		<input type="checkbox"/> Widow/Widower <i>Janda/Duda</i>				

SECTION C PARTICULARS OF VEHICLE / BUTIR-BUTIR KENDERAAN

1. Make and model : _____
Jenis Kenderaan

2. Registration No. : _____ Capacity / Kuasa Enjin _____ cc
Nombor Pendaftaran

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

SECTION D OCCURRENCE / KEJADIAN

1. Date of occurrence : _____ Time / Masa : _____ am/pagi / pm/petang
Tarikh Kejadian

2. Location of incident : _____
Tempat kejadian

3. Name and address of nearest : _____
 repairer _____
Nama dan alamat bengkel kereta

I declare that these answers and statements are true and correct. In accordance with the Policy Conditions.

Saya mengaku bahawa keterangan dan pernyataan yang diberikan diatas adalah benar dan betul.

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 / Company Stamp (If Applicable)
Tandatangan Pemegang Polisi / Diingini oleh Cop Syarikat (Jika Perlu)

 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
LG,6th,7th,21st to 26th Floor, Bangunan Public Bank
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