

FIRST NOTICE OF LOSS FORM

Part A : Notifier Information

Full Name :	<input type="text"/>				
Contact Number :	<input type="text"/>				
Email Address :	<input type="text"/>				
Allianz Policy Number :	<input type="text"/>				
Vehicle Number (if any) :	<input type="text"/>				
Relationship with Policyholder/Insured :					
<input type="checkbox"/> Own	<input type="checkbox"/> Agent	<input type="checkbox"/> Broker	<input type="checkbox"/> Family Member	<input type="checkbox"/> Policy Nominee/Beneficiary	<input type="checkbox"/> Employer
<input type="checkbox"/> Others, Please specify : _____					

Part B : Policyholder / Claimant Information

You are	<input type="checkbox"/> Insured <i>Fill up Part B(i)</i>	<input type="checkbox"/> Claimant <i>Fill up Part B(ii)</i>
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Part B(i) : Insured information (if same as Notifier, leave this part blank)

Part B(ii) : Claimant information (if same as Notifier, leave this part blank)

Name as per policy :	<input type="text"/>	Relationship with Policyholder
Contact Number :	<input type="text"/>	<input type="checkbox"/> Third Party <input type="checkbox"/> Policy Nominee/Beneficiary <input type="checkbox"/> Family member
Email Address :	<input type="text"/> <small>example@example.com</small>	<input type="checkbox"/> Others, Please specify : _____
		Claimant's Name : <input type="text"/>
		Contact Number : <input type="text"/>
		Email Address : <input type="text"/>

Part C : Loss Information

Date of incident :	<input type="text"/> <small>DD / MM / YYYY</small>	Loss / Damage estimate (in RM) :	<input type="text"/>
Brief incident circumstances :	<input type="text"/>		
Item damage/loss or injury sustained :	<input type="text"/>		

Part D : Consent to Process and Disclose Personal Data for Claims

Where you are submitting a claim and you are not the Policyholder under the relevant policy, you confirm that by submitting this FNOL Form to the Company and all relevant documents as may be required, you are hereby giving consent to the Company or its Group to collect, use, disclose, transfer, share or otherwise process your Personal Data and the Personal Data of any your family members, dependents or other persons (collectively referred to as "other persons") including sensitive personal data for the purposes stipulated in the Personal Data Privacy Notice provided to you. Where you provide Personal Data of other persons to the Company as part of your claim, you confirm that you have obtained the consent of the individual(s) concerned to enable the Company and/or its Group to use their Personal Data, including any sensitive personal data. You also confirm that you have brought this Personal Data Privacy Notice to the attention of the other persons who confirm that they understand, agree and authorise the Company and/or its Group to deal with their Personal Data in accordingly.

Where you are submitting a claim and you are the Policyholder under the relevant policy, then the Company's Notice to Customers of Allianz General Insurance Company (Malaysia) Berhad on the Personal Data Protection Act 2010 ("Privacy Statement") previously notified to you at inception of your policy would continue to apply. Please visit www.allianz.com.m/privacy-statement to view the Privacy Statement. Please note that the Company may use the contact details provided in this FNOL Form to update the Company's records and to provide you with better customer service including marketing and promoting of other products and services by the Company and/or its group.

Allianz Customer Service Centre

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.

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Part E : Information Guide

Claim Type	Information / Document required
Property Claims	<ol style="list-style-type: none"> 1. List detailing the description, quantity and unit cost claimed 2. Historical purchase invoices in substantiation of the items claimed 3. Quotations for repairs / replacements in substantiation of the items claimed 4. Police Report (for theft loss) 5. Fire Brigade Report (for fire loss) 6. Technical report to confirm the cause of damage (if applicable) 7. Commercial invoice, original marine policy or certificate of insurance, original bill of lading or airway bill, original delivery note or consignment note, survey report and photos to show the extent of damage and other supporting documents (for Marine claims)
Personal Accident (PA/GPA) & Workmen Compensation Claims	<ol style="list-style-type: none"> 1. Brief description of accident and items claimed 2. Death certificate 3. Post Mortem report (if any, for death claim) 4. Medical report 5. Medical Leave Certificates 6. Original itemised medical bill and receipts 7. Police Report (for motor vehicle accident) 8. Driving license (if you are driving / riding) 9. One month salary slip (for GPA, WC and FWCS) 10. Duly completed E-payment form
Travel Claims	<ol style="list-style-type: none"> 1. Brief description of accident and items claimed 2. Relevant documentation in support of the items claimed e.g. reports, bills, receipt, medical report, photographs, travel itinerary etc.
Liability Claims	<ol style="list-style-type: none"> 1. Brief description of accident 2. All supporting documents e.g. incident reports, letter of demand or writ summon bills (if any) etc.
Hospital & Surgical Claims	<ol style="list-style-type: none"> 1. Completed Claim Form 2. Medical Report 3. Original medical invoice 4. Original itemized bills and receipts 5. Copy of passport depicting the entry and exit date (for overseas treatment only)
Motor Own Damage or Own Damage Knock for Knock (OD KFK)	<ol style="list-style-type: none"> 1. Police report 2. Copy of Vehicle Ownership Certificate 3. Driver's Driving License 4. Police investigation finding (For OD KFK cases only)
Motor Total loss	<ol style="list-style-type: none"> 1. Police report 2. Original Vehicle Ownership Certificate 3. Driver's Driving License 4. Hire purchase agreement 5. Copy of invoice for newly registered vehicle within 1 year (except for reconditioned vehicles).
Motor Theft	<ol style="list-style-type: none"> 1. Police report 2. Original Vehicle Ownership Certificate 3. Hire purchase agreement 4. Copy of invoice for newly registered vehicle which accident / loss occurred within 1 year (except for reconditioned vehicles)
Motor Third Party Loss of Use	<ol style="list-style-type: none"> 1. List detailing the description, quantity and unit cost claimed 2. Copy third party's NRIC 3. Police report made by third party & insured. 4. Police Outcome/Investigation (if any) 5. Third party's copy of insurance policy schedule / Cover Note 6. Vehicle Ownership Certificate 7. Original receipt for payment made to repairer for policy excess. 8. If Claimant's claim is on car rental, the following documents must be provided: <ol style="list-style-type: none"> i. Original receipt for car rental ii. Car rental company's business registration certificate.




Important Note :

1. The listings of documents required are only a guide and we reserve our right to request for further information as and when necessary.
2. E-payment form is required for all claims (for payment purpose).

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Part F : Personal Data Privacy Notice (applicable to claimants who are not Policyholders only)

Personal Data Privacy Notice (applicable to claimants who are not Policyholders only)

1. Processing your Personal Data

Allianz General Insurance Company (Malaysia) Berhad (“Company”) will use the information you supply in the First Notice of Loss (“FNOL”) Form to, among other purposes, process your claim in accordance with the Personal Data Protection Act 2010 or other related legislation, the Company’s and/or its Group’s own strict internal policy.

The personal information you supply may include policy information, financial information and sensitive personal data about yourself and the deceased (as the case may be) which includes information on physical or mental health or medical conditions or religious beliefs (“Personal Data”).

The Company may also obtain your Personal Data from other sources such as bureaus or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry; other external database suppliers, governmental departments, agencies or authorities any party who has, does or will provide products or services to you and to whom you have granted consent, the Company’s commercial partners, insurance intermediaries, reinsurers and third party administrators and/or service providers, other insurance companies, attending doctors, hospitals, clinics other medical professionals, facilities or pharmacies, workshops, lawyers and agents that have knowledge of the deceased or records in respect thereof or who had attended to or treated the deceased (as the case may be), proposed assignees, group policyholders, and related persons organisations from whom such information would be essential for the proper processing of the data for the purposes as stated herein.

2. Impact Resulting from Failure to Supply Information

You may choose whether or not to provide your Personal Data to the Company. However, failure to supply your Personal Data as requested may result in the Company being unable to evaluate your claim, which may lead to your claim being denied. Hence, it is obligatory for you to provide the Company with your Personal Data when you choose to make a claim in respect of a policy with the Company.

For the purposes of evaluating and administering claims, the Company may also rely on this authorisation to disclose information about the deceased (where applicable) to authorized third parties so that they may conduct health care operations, claims payment, administrative and audit functions related to the deceased’s benefit plans, where applicable.

3. Purposes of Collecting and Using Your Personal Data

Your Personal Data and the Personal data of the deceased (as the case may be) will be collected, used and otherwise processed by the Company for the following purposes:

- (a) for claims processing, evaluation, administration and claim settlement;
- (b) for detection and prevention of criminal activity or fraud in connection with an insurance transaction and/or improper claim;
- (c) to ensure that the Company’s records are updated;
- (d) for statistical analysis and surveys;
- (e) for data transfer to and sharing with other members of the Company’s Group and/or third parties acting on behalf of the Company, including those located outside Malaysia.

4. Disclosure of Your Personal Data

Your Personal Data and the Personal Data of the deceased (as the case may be) may also be disclosed to authorized third parties including other insurers, brokers, credit organizations, underwriters, reinsurers, group policyholders, benefit plan administrators, those to whom the Company outsource certain business operations, the Company’s commercial partners, regulatory authorities, bureaus or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry, loss adjusters, lawyers, auditors, persons conducting actuarial or research studies, accountants, consultants, surveyors, external claims data collectors, investigators and medical professionals, and any other contractors or sub-contractors as required or permitted by law or as we may determine to be necessary or appropriate.

5. Your Rights of Access to Your Personal Data

You have the right to request in writing access to your Personal Data held by the Company and you may make any enquiries or complaints in respect of your Personal Data by contacting the Company’s Customer Service Officer at 1300 22 5542, from 8.00 a.m. to 8.00 p.m., Monday to Friday or by email at customer.service@allianz.com.my or via our Fax No.03 2264 8499. You also have the right to request in writing for the Company to cease processing your Personal Data.




6. Information About Another Person

When you give the Company information about another person, you confirm that such person has appointed you to act for him/her, to consent to the processing of his/her personal data and to receive on his/her behalf, any data privacy notices.

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