



redefining / standards

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# Claim Form for Fire (Including Special Perils)/ All Risks/Burglary/Householders/ Houseowners Policies

Policy No.:

Claim No.:

Branch / Intermediary:

## IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

We are committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published in our website.

This form should be completed by the Insured and returned to the Company as soon as possible and in no case later than 15 days from the date of the occurrence.

## A. FOR ALL LOSSES/DAMAGES

Name of Insured:	
NRIC No.:	E-mail:
Address (Private):	
Address (Business):	
Telephone (Private):	Telephone (Business):
Trade or Occupation (if more than one, state all):	
Situation or premises or place where loss or damage occurred:	
Date of loss or damage:	Time:
<i>(DD/MM/YYYY)</i> <i>(AM/PM)</i>	
Explain fully how the loss or damage occurred:	
Have you ever sustained a loss or claimed against any insurer for any of the risks included in the policy under which this claim is made? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give particulars)	
Are you the sole owner of the lost, damaged or destroyed property? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, state name(s) of any other interested parties and nature of their interest)	
In respect of damage to buildings or landlord's fixtures (including internal decorations), are you responsible for the repair of such damage under the terms of a tenancy agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give details)	

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### B. FOR LOSS OR DAMAGE DUE TO FIRE OR THEFT

Were the premises unoccupied at the time of loss or damage?  Yes  No  
 (If yes, please give the date when they were last occupied)

(DD/MM/YYYY)

### C. FOR LOSS DUE TO THEFT

Have any other steps been taken to recover the property?  Yes  No  
 (If yes, please give details)

**If the claim is in respect of a theft at your own premises, please answer the following in addition to section C above**

Are the premises, or any part, let or sub-let?  Yes  No

How many nights have the premises been unoccupied in any one period of Insurance?

What steps have you or are you taking to prevent a recurrence?

### IMPORTANT NOTES

In respect of building claims, tradesmen’s estimates should be furnished before instructions are given for the work to be put in hand. If decorations are involved, please indicate when they were last renewed.

Please attach wherever possible valuations and receipts in connection with articles lost and repair estimates in respect of items damaged.

Any damaged property should not be disposed of until permission is given by the Company.

Policy being a contract of Indemnity only, no profit of any kind should be included in the amount claimed and should be based on values at the time of the loss after deduction of all discounts or allowances.

### D. CLAIM PARTICULARS

Particulars of the claim to be given in detail

Description of lost/damaged property	Date purchased or received	Original cost price (RM)	Value at the time of the loss after allowing for age, wear & tear and depreciation (RM)	Amount claimed (RM)

**Total amount claimed (RM):**

### E. INSURED’S BANK DETAILS

Name (as per bank account):	NRIC/Passport/Birth Cert. No.:
Bank Account No.:	Email:
Name of Bank:	Bank SWIFT Code:
Bank Branch/Address:	

### F. DECLARATION

I/We declare that the particulars given on this form are true and complete. **NRIC/ Passport/ Birth Cert. No.:**  
**Name of Insured/Claimant:** **Email:**  
**Signature of Insured/Claimant:** **Date:**

(If a Limited Company, give status of signatory and affix company’s rubber stamp)