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AXA Affin General Insurance Berhad (23820-W)
 Ground Floor Wisma Boustead
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 ☎ (603) 2170 8282
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 ✉ customer.service@axa.com.my
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 GST Reg. No. : 000709398528

Motor Insurance Claim Form

Policy No.

To expedite your claim, please (1) complete this form, (2) prepare the relevant documents required in Page Two and (3) submit them to claims@axa.com.my or to any AXA office as soon as possible. Thank you

A. INSURED & DRIVER DETAILS

Insured	Full Name			
	Email			Mobile No.
	Correspondence Address			
	GST Registration No. (If registered)			Date of registration
Driver (if not insured)	Full Name			Relationship with the Insured
	Email			Mobile No.
	Correspondence Address			

* Driving License Number of the person driving the car at time of accident: _____

B. VEHICLE DETAILS

Make		Model		Registration No.	
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C. LOSS DETAILS

Date (DD MM YY)		Time		Location	
Type of Loss/ Damage	<input type="checkbox"/> Own Damage <input type="checkbox"/> Own Damage/ Knock for Knock <input type="checkbox"/> Windscreen Damage <input type="checkbox"/> Theft <input type="checkbox"/> Notification only				
Anybody Injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report Lodged?	<input type="checkbox"/> Yes (Report No.: _____) <input type="checkbox"/> No		
Description of Loss/ Accident <small>*If space is insufficient, please give details in a separate paper.</small>					

* If accident sustained Bodily Injury or Third Party Property Damaged, please complete the Annexure 1.

D. BANK ACCOUNT DETAILS (if reimbursement claim)

Please provide your bank details for us to accelerate your claims payment process by direct transfer to your bank account.

Name (as per bank account)		Bank Name	
Account No.		Bank Branch	

* Payment advice will be sent to your email. Please check if your email address is given in Section A.

E. DECLARATION & CUSTOMER'S DATA PRIVACY NOTICE

[Declaration] I/We hereby declare that the above statements and facts are true, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

[Customer's Data Privacy Notice] AXA Affin General Insurance Berhad is 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.

Name of Insured:

Signature of Insured:

NRIC/ Passport/ Birth. Cert. No:

Date:

Email:

DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Below is a list of minimum documents required to proceed your claim. In certain circumstances, more information may be required to substantiate the claim.

Type of Loss/ Damage	Documents Required <i>(Please tick against the documents you have submitted.)</i>
Basic for all types	<input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Copy of Insured's Identity Card <input type="checkbox"/> Copy of Insured's Driving License <input type="checkbox"/> Copy of Driver's Identity Card - <i>if other than the insured</i> <input type="checkbox"/> Copy of Driver's Driving License - <i>if other than the insured</i> <input type="checkbox"/> Copy of Updated Registration Card (both sides) <input type="checkbox"/> Police Report (<i>Not applicable for Windscreen Damage carried out in AXA's panel or franchise workshop</i>)
If applicable below:	
Own Damage	<input type="checkbox"/> Scene of Accident Photographs <input type="checkbox"/> Copy of policy or cover note <input type="checkbox"/> Appendix 1: Bodily Injury or Third Party Property Damage Questionnaire
Own Damage/ Knock for Knock	<i>All Own Damage claim documents plus:</i> <input type="checkbox"/> Declaration form duly signed <input type="checkbox"/> Copy of third party's police report <input type="checkbox"/> Copy of police investigation result <input type="checkbox"/> Copy of police sketch plan and key <input type="checkbox"/> Third party's vehicle policy details or the RIMV search
Theft	<input type="checkbox"/> Copy of Hire Purchase Agreement <input type="checkbox"/> Copy of Approved Permit (for imported vehicles only)
Windscreen Damage	<input type="checkbox"/> Before and After repair photographs with date and time stamp (4 angle photos including the windscreen logo) <input type="checkbox"/> Original Invoice for tinting (both old and new) plus photograph showing the tinted film being peeled off from the damaged glass

AXA is committed to making your motor insurance claim process as easy as possible. Thank you for insuring with us. We are always glad to be of your service.



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Appendix 1

BODILY INJURY OR THIRD PARTY PROPERTY DAMAGE QUESTIONNAIRE

Please complete this form and submit with the claim form. Thank you.

Policy No.

A. BODILY INJURY

Person Injured		Description of Injury	Name of Hospital if hospitalized
Name	Contact No.		

B. THIRD PARTY PROPERTY DAMAGE

Property Owner		Damaged Property Details <i>* For motor vehicle please provide Vehicle Make and No.</i>	Description of Damage
Name	Contact No.		
			Estimated Loss: RM _____

**If space is insufficient, please give details in a separate paper.*

C. DECLARATION

I/We hereby declare that the above statements and facts are true, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Name of Driver:

Signature of Driver:

NRIC/ Passport/ Birth Cert. No.:

Signature of Insured (If not Driver):

Email:

Date: