



**BH Insurance (M) Bhd.** 29962-V

(Formerly known as Royal & Sun Alliance Insurance (M) Bhd.)

(A member of Boustead Group)

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No. Tuntutan / Claim No. : \_\_\_\_\_

## Borang Tuntutan Perjalanan / Travel Claim Form

Borang ini dikeluarkan tanpa penerimaan liabiliti. / This form is issued without admission of liability.

Sila lengkapkan Soalan Am 1-4 dan Seksyen yang berkaitan dengan tuntutan anda.

Please Complete General Questions 1-4 and then the relevant Section(s) related to your claim(s).

SEKSYEN AM (Lampirkan Sijil Insurans Perjalanan semasa mengemukakan tuntutan anda)

GENERAL SECTION (Attach the original Travel Insurance Certificate when submitting your claim).

1. Nama Pemegang Polisi / Name of Policyholder : \_\_\_\_\_

Jantina / Sex : \_\_\_\_\_ Umur / Age : \_\_\_\_\_

Nama Pihak Yang Diinsuranskan / Name of Insured person : \_\_\_\_\_

Jantina / Sex : \_\_\_\_\_ Umur / Age : \_\_\_\_\_

Alamat / Address :- Persendirian / Private : \_\_\_\_\_

Perniagaan / Business : \_\_\_\_\_

No. Tel / Tel. No. : \_\_\_\_\_ (Pej / Office) \_\_\_\_\_ (H/P)

Alamat E-mel / E-mail Address : \_\_\_\_\_

2. No. Polisi/Sijil / Policy/Certificate No. : \_\_\_\_\_

Broker/Agen/Agen Perlancongan / Broker/Agent/Travel Agency : \_\_\_\_\_

Tempoh Insurans / Period of Insurance : \_\_\_\_\_ Hingga / To \_\_\_\_\_

3. Adakah insurans lain yang berkuatkuasa memberi perlindungan kepada kehilangan ini? Jika ya, sila nyatakan:  
Is there any other insurance in force covering this loss of expenses? If so, please state:

Syarikat Insurans / Insurance Co : \_\_\_\_\_

Alamat / Address : \_\_\_\_\_

No. Polisi/Sijil / Policy/Certificate No. : \_\_\_\_\_

4. Pernahkah anda atau sesiapa yang diinsuranskan mengalami kehilangan yang serupa sebelum ini? Jika ya, sila nyatakan:  
Have you or any insured person ever previously sustained a loss of this nature? If so, please state:

Tarikh / Date : \_\_\_\_\_ Kejadian / Circumstances : \_\_\_\_\_

Syarikat Insurans Terlibat / Insurance Co. Involved : \_\_\_\_\_

### A. HILANG WANG PENDAHULUAN DAN CAJ PERLANCONGAN/PEMBATALAN

(Lampirkan Sijil Sakit, Sijil Kematian, Surat Pentadbir Harta, Surat dari doktor, Inbois atau bukti yang berkenaan)

### LOSS OF DEPOSITS AND TOUR CHARGES/CANCELLATION

(Attach Medical Certificate, Death Certificate, Letter of Administration, Letter from Doctor, Invoices or evidence of proof whichever is applicable)

1. Nyatakan sebab pembatalan atau penyingkatan percutian. / Please state reason for cancellation or curtailment of holiday.

\_\_\_\_\_

2. Tarikh kejadian yang menyebabkan pembatalan atau penyingkatan / Date of event leading to the cancellation or curtailment.:

\_\_\_\_\_

3. Jika disebabkan penyakit, adakah orang yang diinsuranskan pernah mengalami sakit yang sama sebelum ini? Jika ya, nyatakan butir-butir. / *If caused by illness, has the insured person suffered from this before? If so, please give details.*
- \_\_\_\_\_
4. Amaun dituntut / *Amaunt claimed* : RM \_\_\_\_\_
- Amaun Deposit / *Amount of Deposits* : RM \_\_\_\_\_
- Tolak Pembayaran Balik / *Less Refund* : RM \_\_\_\_\_
- Amaun Bersih Dituntut / *Net Amaunt Claimed* : RM \_\_\_\_\_
5. Jika tiada pembayaran balik, nyatakan sebabnya / *If "NIL" refund, please state why*
- \_\_\_\_\_

**B. KEMALANGAN DIRI** (Lampirkan Sijil Sakit, sila hubungi kami untuk memastikan sama ada anda dikehendaki mengisi Borang tuntutan Kemalangan Diri)  
**PERSONAL ACCIDENT** (*Attach Medical Certificates, please check with us if you are required to arrange for the completion of Personal Accident Claim Form*)

1. Tarikh / *Date* : \_\_\_\_\_ Masa / *Time* : \_\_\_\_\_
- Tempat kemalangan / *Place of accident* : \_\_\_\_\_
2. Nyatakan sebab-sebab kemalangan dan kecederaan yang dialami / *State cause of accident and nature of injuries*
- \_\_\_\_\_
3. a) Nyatakan tempuh di mana anda tidak berupaya langsung menjalankan perniagaan disebabkan kemalangan berkenaan / *State the period during which you have been totally disabled from attending to your business as the sole and direct result of the accident*
- \_\_\_\_\_
- b) Adakah anda masih tidak berupaya langsung? Jika tidak, nyatakan tarikh anda mula berupaya menjalankan sebahagian dari kerja perniagaan anda. / *Are you still totally disabled? If not, from what date were you able to attend to some part of your business*
- \_\_\_\_\_
- c) Pernahkah anggota yang sama tercedera sebelum ini? / *Has the same part been injured previously?*
- \_\_\_\_\_
- d) Nyatakan nama dan alamat saksi kemalangan. / *Give names and addresses of any witness of the accident*
- \_\_\_\_\_
- e) Nyatakan nama dan alamat Doktor yang merawat anda / *Give name and addresses of Doctor who attended to you*
- \_\_\_\_\_
- f) Nama dan alamat Pegawai Perubatan yang selalu merawat anda / *Name and address of your ordinary Medical Attendant*
- \_\_\_\_\_
- g) Nyatakan di mana dan bila Pegawai Perubatan atau Penginsurans boleh melawat anda, sekiranya perlu? / *State where and when a Medical or other Officer of the Insurer can visit you, if necessary?*
- \_\_\_\_\_
- h) Sekiranya disebabkan kemalangan ini, anda berhak menerima sebarang pampasan dari sumber lain, nyatakan dari pihak mana dan jumlahnya. / *Please state whether in respect of the accident you are entitled to receive compensation from any other source. If so, from what source and to what extent*
- \_\_\_\_\_

**C. PERBELANJAAN PERUBATAN** (Lampirkan Sijil Sakit dan Inbois. Jika tuntutan untuk anak dalam tanggungan, lampirkan Sijil Kelahiran)  
**MEDICAL EXPENSES** (Attach Medical Certificates and Invoices. If claim for dependent children, attach Certificate of Birth)

1. Jenis dan sebab penyakit atau kecederaan. / *Nature and cause of illness or injury.*  
\_\_\_\_\_
2. Tarikh jatuh sakit atau kecederaan yang menyebabkan perbelanjaan rawatan. / *Date of illness or injury giving rise to expenses*  
\_\_\_\_\_
3. Perubatan dan perbelanjaan yang berkaitan. / *Medical and similar expenses involved*  
\_\_\_\_\_
4. Bilangan hari dimasukkan ke hospital. / *Number of days for hospital confinement*  
\_\_\_\_\_

**D. KERUMITAN PERJALANAN / TRAVEL INCONVENIENCE**

No Penerbangan / *Flight No* : \_\_\_\_\_ Tarikh / *Date* : \_\_\_\_\_

Dari / *From* : \_\_\_\_\_ Ke / *To* : \_\_\_\_\_

Nama Syarikat Pengangkutan terlibat / *Name of Transport Provider involved* : \_\_\_\_\_

1. **TERLEPAS/KELEWATAN PENERBANGAN** (Lampirkan surat dari Syarikat Pengangkutan terlibat menesahkan sebab kelewatan/terlepas penerbangan dan resit jika berkaitan) / **MISSED CONVEYANCE/FLIGHT DELAY** (Attach letter from Transport Provider explaining the delay/or reason for missing conveyance and purchase receipts if applicable)

Tempuh kelewatan / *Number of hours delayed* : \_\_\_\_\_

Tambahan perbelanjaan untuk penerbangan alternatif / *Additional expenses involved for alternative conveyance* :  
\_\_\_\_\_

2. **KELEWATAN BAGASI** (Lampirkan Laporan Ketaklaziman Harta dan resit jika berkenaan) / **BAGGAGE DELAY** (Attach Property Irregularity Report and purchase receipts if applicable)

Tempuh kelewatan bagasi / *Number of hours baggage delayed* : \_\_\_\_\_

Perbelanjaan untuk pembelian kecemasan / *Expenses involved for emergency purchase* : \_\_\_\_\_

3. **RAMPASAN PESAWAT** (Lampirkan laporan media dan pesawat) / **HIJACK** (Attach reports from media and carrier)

Berikan butir-butir yang mengesahkan berlakunya rampasan pesawat. / *Give detail which lead you to conclude a hijack took place.*  
\_\_\_\_\_  
\_\_\_\_\_

**E. LIABILITI PERIBADI** (Lampirkan surat dari Pihak Ketiga, Polis atau Mahkamah)  
**PERSONAL LIABILITY** (Attach letter from Third Party, Police or Court)

SEBARANG KOMUNIKASI YANG DITERIMA BERKAITAN DENGAN KEMALANGAN INI HENDAKLAH DIRUJUK KEPADA SYARIKAT INSURANS DENGAN SEGERA / *ANY COMMUNICATION RECEIVED REGARDING THE ACCIDENT SHOULD BE SENT TO THE INSURER IMMEDIATELY*

1. Tarikh / *Date* : \_\_\_\_\_ Masa / *Time* : \_\_\_\_\_  
Tempat kemalangan / *Place of accident* : \_\_\_\_\_
2. Nyatakan sebab kemalangan / *State cause of accident*  
\_\_\_\_\_
3. Jika kemalangan itu dapat dielakkan, nyatakan langkah yang boleh diambil ?  
*If the accident could have been prevented, state what precaution might have been taken?*  
\_\_\_\_\_

4. Adakah kemalangan disebabkan kecuaiian /kelalaian anda? / *Was the accident due to carelessness or negligence on your part?*  
\_\_\_\_\_
5. Adakah anda dalam apa jua cara mengaku liabiliti ? / *Have you in any way admitted liability?*  
\_\_\_\_\_
6. Pegawai Polis atau di Balai Polis mana anda melapurkan kejadian tersebut?  
*To which Police Officer or at which Police Station did you report the occurrence?*  
\_\_\_\_\_
7. Nama dan alamat saksi kejadian / *Names and address of the witness of the incident*  
\_\_\_\_\_
8. Nama dan alamat pihak ketiga / *Names and address of the other party or parties*  
\_\_\_\_\_
9. Kecederaan yang dialami oleh mana-mana pihak akibat dari kejadian sekiranya ada.  
*The nature of the personal injuries, if any, sustained by any person as result of the occurrence.*  
Name / *Name* : \_\_\_\_\_ Umur / *Age* : \_\_\_\_\_  
Kecederaan / *Injuries* : \_\_\_\_\_
10. Tahap kerosakan harta benda / *The extent of the damage to property*  
\_\_\_\_\_
11. Adakah sebarang tuntutan telah dikemukakan kepada anda. Jika ada, berapakah jumlahnya?  
*Whether any claim has been made upon you. If so, was the amount of such claim specified?*  
\_\_\_\_\_
12. Sila kemukakan maklumat tambahan yang boleh membantu pihak penginsurans menyelesaikan sebarang tuntutan yang mungkin akan dikemukakan terhadap anda. / *Please give any additional information which you consider would help the Insurer in dealing with any claim that may be against you.*  
\_\_\_\_\_

**F. KEHILANGAN/KEROSAKAN BAGASI PERIBADI/KEHILANGAN WANG PERIBADI / KEHILANGAN DOKUMEN PERJALANAN** (*Lampirkan Resit Pembelian, Laporan Ketaklaziman Harta atau Laporan Polis mana-mana berkenaan*)  
**LOSS OF OR DAMAGE TO PERSONAL BAGGAGE/LOSS OF PERSONAL MONEY / LOSS OF TRAVEL DOCUMENT** (*Attach Purchase Receipts, Property Irregularity Report or Police Report whichever is applicable*)

1. Berikan laporan terperinci kejadian yang menyebabkan kehilangan atau kerosakan. (Sila simpan barang yang rosak dan berikan alamat di mana ia boleh diperiksa. / *Give full particulars of circumstances giving rise to the loss or damage. (Please retain damaged articles and indicate address at which they may be inspected)*  
\_\_\_\_\_  
\_\_\_\_\_
2. Tarikh / *Date* : \_\_\_\_\_ Masa / *Time* : \_\_\_\_\_  
Tempat kehilangan / *Place of loss or damage* : \_\_\_\_\_
3. Nyatakan jumlah keseluruhan bagasi yang dibawa oleh yang menuntut (termasuk wang, cek, tiket penerbangan, kad perlepasan, kupon dan pasport). / *State total value of baggage accompanying person(s) making a claim (including cash, cheques, travel tickets, green cards, coupons and passport(s))*  
\_\_\_\_\_
4. Sekiranya kehilangan/kerosakan berlaku semasa bagasi dalam perjalanan atau berada dalam penjagaan atau pengawasan pihak lain, nyatakan identiti mereka. Lampirkan sebarang surat menyurat dan laporan terkini tuntutan anda terhadap mereka. / *If the loss or damage occurred whilst baggage was in transit or otherwise in the custody or control of other persons? Please identify them and attach any correspondence and advise outcome of you claim against them.*  
\_\_\_\_\_

