## Great Eastern General Insurance (Malaysia) Berhad (198301007025 (102249-P))

Level 18, Menara Great Eastern, 303, Jalan Ampang, 50450 Kuala Lumpur

General Line: +603 4259 8888 Fax: +603 4813 0055

Customer Service Careline: 1300-1300-88 Website: www.greateasterngeneral.com

Date



## **GENERAL CLAIM FORM**

Please submit the duly completed Claim Form with the documents required to expedite claim processing.

The furnishing and/ or acceptance of this form shall not be regarded as a waiver by the Company of its rights and the Company makes no admission of liability on the part of the Company.

GENERAL INFORMATION	
Policy number:	Claim number :
Name of Policyholder :	
Company Registration Number / NRIC Number :	
Correspondence Address :	
Email Address :	Mobile number:
DETAILS OF LOSS	
Date of Loss:	
Location of Loss:	
Please provide the circumstances of loss:	
DATA PROTECTION NOTICE	
	cted, used, transferred, your rights over your personal data, and how to manage your marketing
preferences, please refer to the Personal Data Protection Notice on Great Eastern General Insurance Malaysia's website or obtain a copy from our Customer Service Officer. If you have any	
inquiry or complaint (such as limiting the processing of certain information, including th	ne withdrawal of consent to receive marketing information), you may contact our Customer Service
Careline at 1300-1300 88 or Data Protection Officer at GEGMDPO@greateasterngeneral.	l.com.
DECLARATION	
I/We hereby declare the foregoing particulars to be true in every respect and that I/We have no other policy of insurance indemnifying me/us in respect of this accident.	
I/We also undertake to render the Corporation every assistance in my/our power in dealing	g with the matter.
Signature of Policyholder	Signature of Witness
(Please affix company rubber stamp, where applicable)  Name :	Name : NRIC No. :
NRIC No. :	Date :