Great Eastern General Insurance (Malaysia) Berhad (102249-P) (Formerly known as Overseas Assurance Corporation (Malaysia) Berhad)
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



CLAIM FORM FOR MOTOR ADD ON BENEFITS

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						
Name of Policyholder :						
Policyholder NRIC Number:		•				
Address :		•				
Telephone Number:	-	•				
Motor Policy Number:		•				
Vehicle Number:		•				
Incident Date:		-				
incident Date.	-	-				
TYPE OF ADD ON BENEFITS						
	1) Scratch & Dent		2) Hospital Cash Benefit		3) Inconvenience Courtesy Car Allowance	
DOCUMENTS REQUIRED	1) Scratch & Dent		2) Hospital Cash Benefit		3) Inconvenience Courtesy Car Allowance	
	Photographs depicting the damages		Medical report		Date vehicle sent to workshop	
	Photographs after repair		Hospital bill (copy)		Date vehicle collected from workshop	
	Tax invoice		Police report		E-payment form	
	Photographs of the odometer reading		E-payment form			
DATA PROTECTION NOTICE						
By submitting this form, you are providing personal information to the Company. The Company will be processing your personal information provided in this form and/ or further information and data that may be required by the Company either from you or from any third parties. Your personal information may be used, recorded, stored, disclosed or otherwise processed by or on behalf of the Company (and its successors in title) for the purpose of (i) processing your claim or investigation or analysis of such claim; and (ii) ascertaining your claims history in order to improve claims processing and prevent fraudulent claims. By submitting this form, you consent and authorize the Company to obtain and verify any information about you from you or from any third parties which the Company may require in connection with your claim. Such consent and authorization herein shall extend to any information obtained from any of the insurance policy(ies) presently provided to you, any new application to the Company for insurance, such historical financial or credit records, data or information whether or not provided personally. The information that you have provided to the Company is necessary. If you do not provide the Company with such information, the Company may not be able to respond to your claim. The Company may disclose and/ or provide your personal information to the Company's Authorised Representative or any other third party, necessary for the processing of your claim. You may access certain personal information during office hours by calling Customer Service Care at 1300- 1300- 88. If you have any inquiry or complaint (such as limiting the processing of certain information), you may contact our Customer Service Care at 1300- 1300- 88, or write to the Company. The Company may charge a reasonable fee for access. If you can show that the personal information held by the Company is not accurate, complete, and up to date, the Company will take reasonable steps to ensure it is accurate, complete and up to date upon receivin						
DECLARATION						
n, we nereby declare the foreg assistance in my or / our powe	·	and tha	t) we have no other insurance that will indi	emniry m	ne or us in respect of this claimand I/we undertake to give t	ne Company ali
		-				
Signature of Policyholder					Signature of Witness	
(Please affix company rubber s	stamp, where applicable)				Name :	
Name :					NRIC No. :	
NRIC No. :					Date :	
Date :						