



MSIG

MSIG Insurance (Malaysia) Bhd

Registration No. 197901002705 (46983-W)

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www.msig.com.my

A member of **MS&AD** INSURANCE GROUP

NOTICE OF CLAIM / BORANG TUNTUTAN TravelRight Plus Insurance / Insurans TravelRight Plus

- It is important that a complete answer be given to every question. If insufficient space is provided for your answer, please continue on a separate sheet.
Sila nyatakan jawapan yang lengkap bagi setiap soalan. Jika ruang tidak mencukupi, sila gunakan kertas jawapan berasingan.
- You must enclose your original Certificate of Insurance, Tour Operators Confirmation of Booking Invoices, copies of Airline Tickets/ Electronic Tickets/Boarding Passes (to and fro) and Travel Itinerary.
Anda mesti menyertakan salinan asal Sijil Insurans, Pengesahan Invois Tempahan dari agen pelancongan, salinan Tiket Penerbangan/Tiket Elektronik/Pas Naik (dua-hala) dan Jadual Perjalanan.
- Please attach originals of all relevant documents and bills. Photocopies are not acceptable.
Sila serahkan salinan asal setiap dokumen dan bil yang berkenaan. Salinan pendua tidak diterima.

PLEASE NOTE / PERHATIAN

- This form is sent without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the conditions the Insured may have committed.
Borang ini diserahkan tanpa prasangka, tertakluk kepada peraturan-peraturan dan syarat-syarat polisi dan tidak dianggap sebagai pelepasan oleh Penanggung Insurans ke atas sebarang kemungkiran syarat-syarat polisi yang mungkin telah dilakukan pihak yang diinsuranskan.
- The acceptance of this form is not in itself an admission of Policy Liability on the part of the Company.
Penerimaan borang ini tidak boleh dianggap sebagai penerimaan tanggungan oleh Penanggung Insurans.

Certificate No. / No. Sijil Insurans:

Policy No. / No. Polisi:

Name of Travel Agent / Nama Agen Pelancongan: **APPLE VACATIONS SDN BHD**

Address / Alamat:

2ND,3RD & 4TH WISMA APPLE
NO42-2 JALAN SULTAN ISMAIL
50250 KUALA LUMPUR

E-mail / E-mel:

INS@APPLEVACATIONS.MY

Date of booking of holidays / Tarikh tempahan percutian:

Period of holidays
Tempoh Percutian

From:
Dari:

To:
Hingga:

Full Travel Itinerary / Jadual Perjalanan Penuh:

POLICYHOLDER'S/CLAIMANT PARTICULARS / BUTIR-BUTIR PEMEGANG POLISI/PIHAK YANG MENUNTUT

* Name of Policyholder / Nama Pemegang Polisi:

Occupation / Pekerjaan:

Nationality / Warganegara:

* I/C/Passport No. / No. K/P/No. Pasport:

Age / Umur:

* Address / Alamat:

* Telephone No. / No. Telefon:

* E-mail / E-mel:

CLAIM RELATING TO SECTION 1 - PERSONAL ACCIDENT AND SECTION 2 - MEDICAL & OTHER EXPENSES
TUNTUTAN BERKAITAN SEKSYEN 1 - KEMALANGAN DIRI DAN SEKSYEN 2 - PERBELANJAAN PERUBATAN DAN LAIN-LAIN

1. Did you consult a doctor or have medicine prescribed prior to commencement of your holiday/journey?
YES/NO. If YES, please give details:
Adakah anda berjumpa doktor atau mendapatkan bekalan ubatan sebelum anda memulakan perjalanan/percutian anda?
YA/TIDAK. Jika YA, sila berikan maklumat lanjut:

2. Name and address of your usual doctor:
Nama dan alamat doktor yang biasa anda temui:

3. Are you claiming under any other insurance? Yes / Ya If Yes, please give details:
Adakah anda membuat tuntutan ke atas insurans lain? No / Tidak Jika Ya, sila berikan maklumat lanjut:

4. Nature of accident/illness:
Butir-butir kemalangan/penyakit:

If accident, please state the nature of injury:
Jika kemalangan, sila nyatakan butir-butir kecederaan:

Date/place of accident/onset of illness:
Tarikh/tempat kemalangan/permulaan penyakit:

5. Please list below expenses incurred (original receipt must be enclosed)
Sila nyatakan perbelanjaan yang dialami (resit hendaklah diserahkan)

Date <i>Tarikh</i>	Description of Expenses <i>Keterangan Perbelanjaan</i>	Amount Claimed (currency) <i>Jumlah Tuntutan (matawang)</i>

6. a. Date of admission to hospital / *Tarikh masuk hospital:* Time / *Masa:*
b. Date of discharge from hospital / *Tarikh keluar hospital:* Time / *Masa:*

7. Did you contact the Emergency Assistance Company (i.e. MSIG Assist)? Yes / Ya
Adakah anda menghubungi Syarikat Bantuan Kecemasan (iaitu MSIG Assist)? No / Tidak

DOCUMENT TO BE SUBMITTED / DOKUMENTASI YANG PERLU DISERTAKAN

- a. In the event of death, the Death Certificate, Post-Mortem Report & Permit to Bury.
Dalam kes kematian, Sijil Kematian, Laporan Post-Mortem dan Permit Pengebumian.
- b. Original medical reports, original bills & official receipts.
Salinan asal laporan perubatan, salinan asal bil dan resit rasmi.
- c. Original receipts/bills for amount claimed for additional travelling and accommodation expenses.
Resit asal/bil untuk tuntutan kos tambahan pengembaraan/perjalanan dan penginapan.
- d. Original Car Rental Agreement and original receipt for additional costs of rental car return.
Salinan asal Surat Perjanjian Kereta Sewa dan resit asal untuk kos tambahan pengembalian kereta sewa.

**CLAIM RELATING TO SECTION 7 - TRAVEL CANCELLATION, SECTION 8 - TRAVEL CURTAILMENT, SECTION 9 - TRAVEL DELAY, SECTION 10 - MISSED TRAVEL CONNECTION, SECTION 11 - TRAVEL OVERBOOKED, SECTION 12 - MISSED DEPARTURE AND SECTION 13 - TRAVEL REROUTE
TUNTUTAN BERKAITAN SEKSYEN 7 - PEMBATALAN PERJALANAN, SEKSYEN 8 - PEMENDEKAN PERJALANAN, SEKSYEN 9 - KELEWATAN PERJALANAN, SEKSYEN 10 - KEGAGALAN MENYAMBUNG PERJALANAN, SEKSYEN 11 - PERJALANAN TERLEBIH TEMPAHAN, SEKSYEN 12 - KETINGGALAN PERLEPASAN DAN SEKSYEN 13 - PENGALIHAN TUJUAN PERJALANAN.**

1. Date of cancellation/curtailment/travel delay/misssed travel connection/travel overbooked/misssed departure/travel reroute:
Tarikh pembatalan/pemendekan/kelewatan perjalanan/kegagalan menyambung perjalanan/perjalanan terlebih tempahan/ketinggalan perlepasan/pengalihan tujuan perjalanan:

2. Reason for cancellation/curtailment/travel delay/misssed travel connection/travel overbooked/misssed departure/travel reroute:
Sebab-sebab pembatalan/pemendekan/kelewatan perjalanan/kegagalan menyambung perjalanan/perjalanan terlebih tempahan/ketinggalan perlepasan/pengalihan tujuan perjalanan:

3. Please list below amount being claimed
Sila nyatakan jumlah tuntutan

Charges Incurred <i>Kadar Bayaran</i>	Refunds Obtained <i>Jumlah Tuntutan yang Dibayar Balik</i>	Amount claimed after refund <i>Jumlah tuntutan selepas bayaran balik</i>

4. Travel delay/misssed travel connection/travel overbooked/misssed departure/travel reroute:
Kelewatan perjalanan/kegagalan menyambung perjalanan/perjalanan terlebih tempahan/ketinggalan perlepasan/pengalihan tujuan perjalanan:

- Departure time and date according to itinerary / *Tarikh dan masa berlepas mengikut jadual:*
- Actual time and date of departure / *Tarikh dan masa sebenar berlepas:*
- Arrival time and date according to itinerary/ *Tarikh dan masa ketibaan mengikut jadual:*
- Actual time and date of arrival / *Tarikh dan masa sebenar ketibaan:*

5. Did you check-in in accordance with your itinerary? Yes / *Ya* If No, please provide details:
*Adakah anda mendaftar masuk mengikut jadual? No / *Tidak* Jika tidak, sila berikan maklumat lanjut:*

DOCUMENT TO BE SUBMITTED / DOKUMEN YANG PERLU DISERTAKAN:

Cancellation
Pembatalan

- A cancellation invoice and refund obtained from Tour Operator.
Invois Pembatalan dan pemulangan wang dari Agen Pelancongan.
- Original receipt from Tour Operator on payment made.
Resit asal dari Agen Pelancongan ke atas bayaran yang dibuat.
- If on medical grounds - completed medical certificate/report.
Jika sebab-sebab kesihatan - sijil cuti sakit yang lengkap/laporan perubatan.

Curtailment
Pemendekan

- If arising from illness or accident, a letter of confirmation/certificate/report from the treating physician confirming that it is necessary to return home.
Jika ianya disebabkan penyakit/kemalangan, surat pengesahan/sijil cuti/laporan perubatan dari doktor yang merawat serta membenarkan pulang.
- Original receipt on all amount claimed.
Resit asal untuk semua jumlah tuntutan.

Travel Delay/Misssed Travel Connection/Travel Overbooked/Misssed Departure/Travel Reroute
Kelewatan perjalanan/kegagalan menyambung perjalanan/perjalanan terlebih tempahan/ketinggalan perlepasan/pengalihan tujuan perjalanan

- A written confirmation from the airlines/shipping lines regarding the period of delay and the reasons given by them.
Surat pengesahan dari agensi penerbangan/syarikat perkapalan mengenai tempoh penangguhan perjalanan dan sebab-sebabnya.

**CLAIM RELATING TO SECTION 3 - LUGGAGE & PERSONAL EFFECTS, SECTION 4 - LUGGAGE DELAY, SECTION 5 - PERSONAL MONEY AND SECTION 18 - HOME CONTENTS
TUNTUTAN BERKAITAN SEKSYEN 3 - BAGASI DAN BARANG-BARANG PERIBADI, SEKSYEN 4 - KELEWATAN BAGASI, SEKSYEN 5 - WANG PERSENDIRIAN DAN SEKSYEN 18 - KANDUNGAN DI DALAM RUMAH**

1. Date of loss/damage / Tarikh kehilangan/kerosakan:

Time / Masa:

Place / Tempat:

2. Name of Carrier involved / Nama Syarikat penerbangan yang terlibat:

3. State full details of manner in which loss/damaged occurred:

Sila nyatakan sepenuhnya butir-butir kejadian kehilangan/kerosakan:

4. a. Who did you report the accident/loss to?

Kepada siapakah anda membuat laporan mengenai kehilangan/kemalangan itu?

b. Date reported / Tarikh laporan:

5. Are you claiming under any other insurance?

Adakah anda membuat tuntutan ke atas insuran lain?

Yes / Ya

No / Tidak

If Yes, please provide details:

Jika Ya, sila nyatakan butiran selanjutnya:

6. Luggage Delay

From / Dari:

Time / Masa:

Date / Tarikh:

Kelewatan bagasi

To / Hingga:

Time / Masa:

Date / Tarikh:

7. Please list below all items lost/stolen/damaged for which you are claiming:

Sila nyatakan di bawah, barang-barang yang hilang/dicuri/rosak, yang mana tuntutan dibuat:

Description of Article Butir-butir Barangan Tuntutan	Place of Purchase Tempat Pembelian	Date Acquired Tarikh Pembelian	Purchase Price Harga Asal	Total Amount Claimed Jumlah Tuntutan

8. For loss of money, please provide / Untuk kehilangan wang, sila nyatakan:

Amount in foreign currency Jumlah dalam matawang asing	Amount in RM Jumlah dalam RM	Amount Claimed Jumlah Tuntutan

DOCUMENTS TO BE SUBMITTED / DOKUMEN YANG PERLU DISERTAKAN:

a. Original receipts for items claimed.

Resit asal untuk barangan yang dituntut.

b. If baggage lost or damaged by an airline - a copy of the Property Irregularity Report from airlines concerned.

Jika bagasi hilang atau kerosakan oleh syarikat penerbangan, salinan 'Property Irregularity Report' dari syarikat penerbangan terbabit.

c. Letter of confirmation from the Airlines concerned on the delay.

Surat pengesahan dari syarikat penerbangan terlibat mengenai penangguhan perjalanan.

d. Money - Police report, currency exchange slip required.

Wang - Laporan polis dan resit penukaran matawang diperlukan.

e. Police report and/or Bomba report is required for claim on Home Contents.

Laporan Polis dan/atau Bomba adalah diperlukan bagi tuntutan ke atas Kandungan di dalam Rumah.

**CLAIM RELATING TO SECTION 6 - TRAVEL DOCUMENTS, SECTION 14 - LOSS OF TRAVEL DEPOSIT, SECTION 15 - ADDITIONAL COSTS OF RENTAL CAR RETURN AND SECTION 17 - LOSS OF USE OF HOTEL FACILITIES
TUNTUTAN BERKAITAN SEKSYEN 6 - DOKUMEN PERJALANAN, SEKSYEN 14 - KEHILANGAN DEPOSIT PERJALANAN, SEKSYEN 15 - KOS TAMBAHAN PEMULANGAN KERETA SEWA DAN SEKSYEN 17 - PENGGUNAAN KEMUDAHAN HOTEL**

1. Date of loss/incident:
Tarikh kehilangan/kejadian:

2. State the reasons of claim: Loss/Theft/Medical condition/ Travel agency insolvency/Fire/Flood/Strike or industrial accident.
Please provide brief description:
Nyatakan alasan untuk tuntutan: Kehilangan/Pencurian/Keadaan perubatan/Ketidakkampuan agensi pelancongan/Kebakaran/Banjir/Mogok atau kemalangan perindustrian. Sila memberi keterangan ringkas:

3. Please list below the expenses incurred:
Sila senaraikan perbelanjaan yang dikenakan:

Date <i>Tarikh</i>	Description of Expenses <i>Keterangan Perbelanjaan</i>	Amount Claimed (currency) <i>Jumlah Tuntutan (matawang)</i>

DOCUMENTS TO BE SUBMITTED / DOKUMEN YANG PERLU DISERTAKAN:

- For loss/theft, Police report.
Bagi kehilangan/pencurian, laporan Polis.
- Original invoices and receipts for claims on expenses incurred on additional accommodation, travel and communication expenses, additional cost of car rental, deposit payment made.
Invois dan resit asal bagi tuntutan ke atas perbelanjaan tambahan bagi penginapan, perbelanjaan perjalanan dan komunikasi, kos tambahan kereta sewa, bayaran deposit yang dibuat.
- For medical condition, original medical report.
Bagi keadaan perubatan, laporan perubatan asal.
- Any other document proof from the relevant parties to support the respective claims made for the sections above.
Mana-mana bukti dokumen lain daripada pihak berkenaan untuk menyokong tuntutan yang dibuat bagi seksyen-seksyen di atas.

**CLAIM RELATING TO SECTION 16 - PERSONAL LIABILITY
TUNTUTAN BERKAITAN SEKSYEN 16 - TANGGUNGAN AWAM PERSENDIRIAN**

1. Nature of injury/damaged caused:
Butir-butir kecederaan/kerusakan yang dilakukan:

2. Date, time and place of occurrence:
Tarikh, masa dan tempat kejadian:

3. Circumstances of the incidence:
Sila nyatakan butir-butir kejadian:

4. Name and address of Third Party involved:
Nama dan alamat Pihak Ketiga yang terlibat:

5. Name and address of witness (if any):
Nama dan alamat saksi (jika ada):

6. Were details taken by or reported to the Police? Yes / Ya If Yes,
Adakah butir-butir kejadian dilaporkan kepada polis? No / Tidak Jika Ya.

a. Name of Police Station / *Nama Balai Polis:*

b. Attach a copy of the Police Report / *Sila nyatakan salinan Laporan Polis.*

ANY COMMUNICATION YOU RECEIVE ABOUT THE ALLEGED CLAIM SHOULD NOT BE ANSWERED BUT SENT TO US IMMEDIATELY.
SEGALA SURAT-MENYURAT YANG BERKAITAN DENGAN TUNTUTAN TIDAK PERLU DIBALAS TETAPI DISERAHKAN KEPADA PIHAK KAMI DENGAN SERTA-MERTA.

DECLARATION / PENGAKUAN:

I declare that these particulars are true to the best of my knowledge and belief.

Adalah dengan ini, saya mengesahkan maklumat di atas adalah benar sepanjang pengetahuan saya.

I hereby declare that any of my personal information collected or held by you herein is provided with my consent for it to be used, processed and disclosed to individuals or organizations related to or associated with MS & AD Insurance Group (in and outside of Malaysia) including inter-departments within MSIG or any selected third party service providers such as insurance or reinsurance companies, broking firms, loss adjusting companies, claims or forensic investigations companies, law firms, credit reference companies, any service provider appointed by governing authority/association/federation of insurance companies, association or federation of insurance companies or any corporate entities or governmental and judicial bodies or regulators to whom MSIG is obliged to disclose under the requirement of any law relating to MSIG or any of its affiliates or partners.

Saya dengan ini mengaku bahawa mana-mana maklumat peribadi saya yang dikumpul atau dipegang oleh MSIG diperuntukkan dengan keizinan saya untuk ia digunakan, diproses dan didedahkan kepada individu atau organisasi yang berkaitan atau dikaitkan dengan MS & AD Insurance Group (di dalam dan di luar Malaysia) termasuk antara jabatan dalam MSIG atau mana-mana penyedia perkhidmatan pihak ketiga yang dipilih termasuk insurans atau syarikat yang diinsuranskan semula, firma broker, syarikat pelaras kerugian, tuntutan atau syarikat penyiasatan forensik, firma guaman, syarikat-syarikat rujukan kredit, mana-mana penyedia perkhidmatan yang dilantik oleh pihak berkuasa/persatuan atau syarikat insurans bersekutu, persatuan/persatuan syarikat insurans bersekutu atau mana-mana entiti korporat atau badan-badan kerajaan dan kehakiman atau pengawal selia dengan siapa MSIG dimestikan untuk mendedahkan di bawah keperluan mana-mana undang-undang berkaitan dengan MSIG atau mana-mana sekutu atau rakan kongsi.

*

Signature / Tandatangan

Date / Tarikh

Name / Nama:

CONSENT TO RELEASE MEDICAL INFORMATION (For Medical Expenses claims only)

PERAKUAN KEBENARAN UNTUK PEMBERITAHUAN MAKLUMAT KESIHATAN (Untuk tuntutan bil perubatan sahaja)

I hereby authorise to release of any medical information necessary for this claim.

Dengan ini saya membenarkan pemberitahuan maklumat kesihatan bagi tuntutan ini.

Signature / Tandatangan

Date / Tarikh

Name / Nama:

In the event of conflict between English and the translated version of this form, the English version shall prevail.

Jika terdapat sebarang konflik di antara versi Bahasa Inggeris dengan versi terjemahan borang tuntutan ini, versi Bahasa Inggeris adalah sah di sisi undang-undang.

GIRO FUND TRANSFER / RENTAS FORM
[Policy holders, Claimants]

Please read the following instructions carefully before completing this form.

1. Type or write using BLOCK LETTERS.
2. Indicate **only one (1) preferred bank** account and **it should be active**.
- * 3. Attach a **legible copy** of the top portion of the bank statement/relevant page of the savings account passbook which clearly indicates that the below mentioned account number belongs to you/your company.
4. Submission of this form shall not be construed as an admission of policy liability by the insurer.
5. This form will be utilized only in the event where the claim submitted is payable.

*	1	Bank Account Holder Name	:																														
*	2	Bank Name (Interbank Giro Participating Banks)	:																														
*	3	Bank Account Number	:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																													

Please provide a relevant ID. The ID that you provide must be the same as appeared in your bank's record. Otherwise, the fund transfer will be REJECTED by your bank despite a correct bank account number. Eg. Your Business Registration number is 46983W and your banker's record is 046983W (with a zero in front).

*	4	RECIPIENT'S VALIDATION ID AS PER YOUR BANK'S RECORD [Indicate only one (1) and ignore dashes '-']																															
*	4a	New IC Number	:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																													
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	4c	Registration Number (Company/Business/Society/etc)	:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																													
	4d	Police/Army/Passport Number	:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																													

Payment Advice (Notification of Payment) is to be emailed to :-

*	5a	Email Address (1)	:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																																																																					
	5b	Email Address (2)	:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">I</td><td style="text-align: center;">N</td><td style="text-align: center;">S</td><td style="text-align: center;">@</td><td style="text-align: center;">A</td><td style="text-align: center;">P</td><td style="text-align: center;">P</td><td style="text-align: center;">L</td><td style="text-align: center;">E</td><td style="text-align: center;">V</td><td style="text-align: center;">A</td><td style="text-align: center;">C</td><td style="text-align: center;">A</td><td style="text-align: center;">T</td><td style="text-align: center;">I</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">S</td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">.</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																														I	N	S	@	A	P	P	L	E	V	A	C	A	T	I	O	N	S			.	M	Y																	
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I/We hereby request that payment(s) due to me/us by MSIG Insurance (Malaysia) Bhd ("MSIG") be paid to my/our bank account stated above by way of Giro Fund Transfer/Rentas and confirm that

1. I/We consent to MSIG processing and disclosing the above data to its banker(s) in order to facilitate payment(s) to me/us by way of Giro Fund Transfer/Rentas.
2. All information provided herein is correct and accurate.
3. My/Our request herein shall be irrevocable unless with the consent of MSIG (which shall not be unreasonably withheld). MSIG may at any time, provided there is a need to do so, in its reasonable discretion effect payment(s) to me/us by other mode(s).
4. I/We shall keep MSIG and its banker(s) indemnified against any loss and/or damage arising from this Giro Fund Transfer/Rentas provided always that the loss and/or damage is due to the gross negligence or willful default on my/our part which include but not limited to error in information furnished, delayed payment(s) and any other circumstances beyond MSIG and its banker(s)'s control and directly caused by me/us.

Authorised Signatory(ies)

Company Stamp (COMPULSORY for companies, businesses, societies, etc)

*

Name : _____

Designation : _____

MSIG - Office Use

Map the above details to the following client code(s) :

1.

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 2.

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 3.

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BEC Prevention Validation Results :

MSIG's Staff Name :		Date :	
<input type="checkbox"/> Validation Required (To complete details below)		<input type="checkbox"/> Validation Not Required	
Contact Person Name :		Confirmation Date:	
Mode of Validation	<input type="checkbox"/> Face-to-face		
	<input type="checkbox"/> Contact	Contact Number :	<input type="checkbox"/> Call <input type="checkbox"/> Text Message
	<input type="checkbox"/> Fax	Fax Number :	
	<input type="checkbox"/> Others	Please specify :	