



Customer Care Centre

Call 1300 80 3030
at local rates

Fax (603) 2171 3030

Email amassurance-general@ambg.com.my

SMS Type Alert<space>message
Send to 012/016/019-2625378 (AmAlert)

AmAuto Extended Warranty Claim Form (To be completed by policyholder)

POLICY HOLDER DETAILS

Name of Policyholder: _____

Address: _____

_____ Post Code: _____

Business

Registration No: _____ Telephone No : _____ H/Phone No : _____

NRIC : _____ (new) _____ (old)

VEHICLE DETAILS

Registration No: _____ Date of purchase / /

Purchased from: _____

Vehicle make : _____ Model: _____ Year of Manufacture : _____

Has the vehicle been modified from the manufacturer's specification? No Yes ► provide details

Details: _____

CLAIM DETAILS

Date of loss : / / Odometer reading at loss _____ kms

Description of problem: _____

Do you have any warning or indications of a problem occurring prior to the lost?

No Yes ► provide details

Has the cost of repair been paid? No Yes

Was the vehicle towed ? No Yes ► please enclose a copy of the towing invoice

DECLARATION

I hereby declare that the information above is true and correct to the best of my knowledge and belief and I have complied with all the conditions of the warranty.

I consent to AmG Insurance Berhad using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, AmG Insurance Berhad may not be able to process my claim.

I consent to AmG Insurance Berhad disclosing my personal information to and/or collecting additional information about me from insurers, an insurance reference service, legal advisers or as permitted or required by law.

Your Signature: _____

Date: _____

(The issue or completion by you of this form does not constitute any admission of liability by AmG Insurance Berhad)

IMPORTANT: Repairer information to be completed on next page