



**Customer Care Centre**

Call 1300 80 3030  
at local rates

Fax (603) 2171 3030

Email [amassurance-general@amg.com.my](mailto:amassurance-general@amg.com.my)

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

**PUBLIC LIABILITY CLAIM FORM**

<b>A. INSURED</b>		
a) Name		
b) Address		
c) Occupation	Tel. No. _____	
d) Policy No.		
<b>B. CIRCUMSTANCES OF LOSS</b>		
a) Date of Accident	Time: _____ a.m./p.m.	
b) When was it first notified to you and by whom		
c) Describe exactly where did the accident/loss occurred		
d) Please state full particulars of loss/accident		
e) What plant or equipment, if any, caused the accident (any broken plant or equipment must be kept in a safe place)		
f) Please state names and address of all witnesses		
	Name	Address
g) Were the police been notified If so, please give details including report no.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C. DETAILS OF THIRD PARTY</b>		
a) Any damage or injury caused to property/third party If any, please state details	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	Address
	Address	Injury/Damage
<b>D. CLAIMS</b>		
a) Has any claim been made upon you If any, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Any communication that you receive about the accident should not be answered, instead please send to the Company immediately)		
I declare that these particulars are true and correct		
Date: _____	_____ Signature & Designation (Company's chop)	