



Statement of Claim

Policy / Certificate

To expedite your claim, please (1) complete this form, (2) prepare the relevant documents required in Section I. and (3) submit them to Generali Insurance Malaysia Berhad Office as soon as possible. Thank you.

A. PRODUCT

<input type="checkbox"/> Merchantrade Insure Basic	<input type="checkbox"/> Merchantrade Insure Xtra
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B. POLICYHOLDER / INSURED PERSON DETAILS

Full Name	
Mobile No.	
ID No. (e.g. NRIC No. / Passport No./ VISA No.)	

C. CLAIMANT DETAILS (if other than above)

Full Name			
Mobile No.		Relationship	

D. ACCIDENT & INJURY DETAILS

Date and Time of Accident	Date :	Location of Accident	
	Time :		
Type of Loss / Claim	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Accidental Permanent Disablement <input type="checkbox"/> Hospital Allowance	<input type="checkbox"/> Temporary Disablement Allowance <input type="checkbox"/> Funeral Allowance <input type="checkbox"/> Local Ambulance Fees <input type="checkbox"/> Reimbursement for Wheelchair or Prostheses	
Description of Accident			
Description of Injury Sustained (e.g. body part injured, injury type)		Have you injured the same part before?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date on which you resumed duty?			

E. ILLNESS DETAILS (only applicable for Merchantrade Insure Xtra)

Nature of Illness			
Date Symptoms First Began		Date First Treated	
Type of Loss / Claim	<input type="checkbox"/> Hospital Allowance <input type="checkbox"/> Temporary Disablement Allowance <input type="checkbox"/> Funeral Allowance	<input type="checkbox"/> Local Ambulance Fees <input type="checkbox"/> Reimbursement for Wheelchair or Prostheses	

F. DURATION OF HOSPITALIZATION AND/OR TEMPORARY DISABLEMENT

	Admission	Discharge
<input type="checkbox"/> Hospitalization	Date : Time :	Date : Time :
<input type="checkbox"/> Temporary Disablement (Sick Leave)	Start Date : End Date :	

G. BANK ACCOUNT / MERCHANTRADE MONEY DETAILS

Please provide your bank account / Merchantrade Money card/account details for us to accelerate your claims payment process by direct transfer to your bank account / Merchantrade Money card/account.

Bank Details			
Full Name (as per Bank Account)		Bank Name	
Account No.		Bank Branch	

Note: Claims payment via Direct Credit is within five (5) working days subject to receipt of all documentations required.

Merchantrade Money Card / Account Details			
Full Name (Cardholder's Name)			
Last 4 digits of Merchantrade Money Card No.		Mobile No.	

H. DECLARATION & CUSTOMER'S DATA PRIVACY NOTICE

[Declaration] I / We hereby declare that the given statements and facts are true, copies of documents are identical with the original one, and that I / We have not withheld from the Generali Insurance Malaysia Berhad, any information within my/our knowledge connected with the accident or illness (only applicable for Merchantrade Insure Xtra). I / We hereby authorize any physician, clinic, hospital, insurance company or any organization, institutions or person to give you full particulars about my / the patient's health policy details, medical history and billing information. I / We further consent to the disclosure of all such medical information and records by you to any insurers, re-insurers, solicitors, my employer, agents / brokers and other third parties in connection with my/our insurance claims. A duplicate of this authorization shall be as effective and valid as the original.

[Customer's Data Privacy Notice] Generali Insurance Malaysia Berhad is committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Personal Data Policy" published in our website.

Date

Signature of Policyholder / Insured / Claimant

I. DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Below is a list of minimum documentation required to process your claim. In certain circumstances, additional information may be required in order for further confirmation.

Type of Loss / Claims	Documents Required (Please tick against the documents you have submitted)
Accidental Death	<input type="checkbox"/> Certified True Copy (CTC) of Death Certificate <input type="checkbox"/> Police Report – for accident injury claim or criminal incident
Accidental Permanent Disablement	<input type="checkbox"/> Medical Reports <input type="checkbox"/> Police Report – for accident injury claim or criminal incident
Hospital Allowance	<input type="checkbox"/> In-Patient Discharge Summary or Letter from employer stating Insured was hospitalised, date of admission and discharged and due to what reason
Temporary Disablement Allowance	<input type="checkbox"/> Medical Certificate
Funeral Allowance	<input type="checkbox"/> Certified True Copy (CTC) of Death Certificate/ or Police Report
Local Ambulance Fees / Reimbursement for Wheelchair or Prostheses	<input type="checkbox"/> Original Medical Receipt

J. TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through email. If you have any enquiries on your claim, please reach us at:

(603) 2170 8282 (Press 2 for Claims)

claims.gi@generali.com.my

Mon to Fri: 8.30am to 5.30pm (Excluding public holidays)

Generali Insurance Malaysia Berhad is committed to making your insurance claim process as easy as possible. Thank you for insuring with us. We are always glad to be of your service.