



MSIG

**CLAIM NOTE
PERSONAL ACCIDENT INSURANCE**

I / We send you herewith my / our claim note for the under mentioned with the request that you will be enough to make settlement of the claim at the earliest date.

The Insured Name :
Address :
Telp/Fax :

Policy No. :
Insurance Period :
Date and Time of accident :
Place of accident / Sickness :
Police Report (For Traffic Accident) :

Full details of Cause, Extent and Outcome of the Accident / Sickness :
.....
.....

Detailed breakdown of the Amount Loss and / or Damage :
.....
.....

Total Claim :

Attached Documents (Claim Supporting Documents) : Please tick the documents attached

- Copy Policy
- Detailed Accident Report
- Original Medical Expense (in case of medical expense claim)
- Reference Letter from Attending Doctor in regards with the examination result or diagnosis
- In case Death Benefit Claim :
 - Death Certificate from Hospital / Surat Keterangan hasil pemeriksaan jenazah (Visum et Repertum)
 - Death Certificate from Local Government / Surat Keterangan meninggal dunia dari kelurahan / kecamatan setempat
 - Photocopy ID Card (KTP) and/or other identity
- Accident Police Report
- Photograph
- Other Claim Supporting Documents

PLASE REMIT THE PAYMENT TO:

Bank :
Address :
In Favour of :
Account No. :
(IDR) :
(YEN) :
(USD) :

Yours faithfully,

(.....)
Authorized Signature & Coy Stamp