



# LONPAC INSURANCE BHD (307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.  
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.  
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886  
Website: www.lonpac.com

## NOTICE OF CLAIM UNDER PERSONAL ACCIDENT POLICY NOTIS TUNTUTAN DIBAWAH POLISI KEMALANGAN PERIBADI

N.B. The issue of this Form is not an admission of liability by the Company.  
This Form must be fully completed and returned to the Company.

N.B. Pengeluaran Borang ini bukan pengakuan liabiliti oleh Syarikat.  
Borang ini mesti diisi penuh dan dikembalikan kepada Syarikat.

Policy No. / No. Polisi : \_\_\_\_\_

Claim No. / No. Tuntutan : \_\_\_\_\_

### DETAILS OF INSURED / BUTIR-BUTIR PEMEGANG POLISI

1. Name of Insured Nama Pemegang Polisi	:		
2. Address Alamat	:		
3. Telephone No No. Telefon	:	(O)	4. Handphone No. No. Telefon Bimbit
	:	(H)	
5. Email Address Alamat Emel	:	6. Occupation Pekerjaan	
7. Name of Employer Nama Majikan	:		
8. Nature of business (if self employed) Jenis perniagaan (jika perniagaan sendiri)	:		

1. Name of Injured Person Nama Tercedera	:		
2. Address Alamat	:		
3. I.C. No. No. Kad Pengenalan	:		
4. Handphone No. No. Telefon Bimbit	:		
5. Telephone No. No. Telefon	:	(O)	6. Email Address Alamat Emel
	:	(H)	
7. Age Umur	:	Sex : Male Female Jantina: Lelaki Perempuan	Marital Status : Tarf Perkahwinan: Married Kahwin, Single Bujang, Divorced Bercerai, Widow/Widower Janda/Duda
8. Occupation Pekerjaan	:		
9. Date of Accident Tarikh Kemalangan	:	Time: Masa:	
10. Place of Accident Tempat Kemalangan	:		

<p>11. Describe in detail : How the accident occurred ? <i>Terangkan dengan jelas bagaimana kemalangan berlaku ?</i></p>	
<p>12. State what you were doing at the time of accident ? <i>Nyatakan apakah yang anda sedang lakukan pada masa kemalangan ?</i></p>	
<p>13. Describe in detail the injury suffered by you ? <i>Nyatakan dengan jelas kecederaan yang dialami oleh anda ?</i></p>	
<p>14. Name and Address of any Person who sent you to Hospital ? <i>Nama dan alamat sesiapa yang membawa anda ke Hospital ?</i></p>	
<p>15. Name and Address of any Person who witnessed the accident ? <i>Nama dan Alamat sesiapa yang menyaksikan kemalangan itu ?</i></p>	
<p>16. Name and Address of Medical Practitioner who attended to you after the accident ? <i>Nama dan Alamat Pegawai Perubatan yang dijumpai selepas kemalangan ?</i></p>	
<p>17. Are you entitled to receive compensation from any other Insurers in respect of this Injury ? If so, please state : <i>Adakah anda layak menerima pampasan dari syarikat-syarikat insuran yang lain berkaitan dengan kecederaan ini ? Jika ya, nyatakan :</i></p> <p>a) Name of Insurance Company ? <i>Nama Syarikat Insuran ?</i></p> <p>b) Amount you are insured for ? <i>Jumlah anda diinsuran ?</i></p>	

#### DECLARATION / PERAKUAN

I/We hereby declare the foregoing particulars to be true in every aspect and that no information has been suppressed.  
*Saya/Kami mengaku bahawa butir-butir diatas adalah benar dari semua segi dan tiada maklumat yang dilindung.*

Date: \_\_\_\_\_

*Tarikh:*

\_\_\_\_\_  
Signature of Claimant / *Tandatangan Penuntut*  
(Company chop where applicable)  
(*Chop Syarikat dimana perlu*)

# MEDICAL CERTIFICATE SIJIL PERUBATAN

The Claimant must obtain at his own expense the following certificate from a registered Medical Practitioner. The Medical Practitioner is requested to complete in detail this Certificate.

*Penuntut hendaklah mendapati sijil dibawah atas tanggungan sendiri daripada Pegawai Perubatan yang berdaftar. Pegawai Perubatan diminta mengisi dengan penuh Sijil ini.*

<p>1. Name of Injured Person / <i>Nama Tercedera</i> I.C. No.: / <i>No. Kad Pengenalan:</i></p>	
<p>2. The date you first attended to the injured person in respect of the injuries sustained <i>Tarikh anda mula mengubati tercedera berkaitan dengan kecederaan yang dialami</i></p>	
<p>3. Are the injuries sustained consistent with the Accident as described on the previous pages of this form? <i>Adakah kecederaan ini serasi dengan kemalangan seperti diterangkan di muka sebelah?</i></p>	
<p>4. How long the claimant has been confined as a result of the accident above referred to <i>Tempoh penuntut adalah dihadkan akibat dari kemalangan yang dirujuk</i></p> <p>(a) To his bed / <i>Kepada katilnya</i></p> <p>(b) To his house / <i>Kepada kediamannya</i></p>	<p>(a) .....</p> <p>(b) .....</p>
<p>5. Full particulars of injuries caused by the accident <i>Maklumat penuh kecederaan yang disebabkan oleh kemalangan</i></p>	
<p>6. Whether claimant is now or was at the time of the accident suffering from any physical defect or illness irrespective of his injuries. If so please state nature thereof. <i>Samaada penuntut sekarang atau sebelum kemalangan mengalami sebarang kecederaan fizikal atau penyakit. Jika ya, terangkan.</i></p>	
<p>7. If still confined to bed or house, probable further period he will be so confined? <i>Jika masih dihadkan pada katil atau rumah, jangkamasa selanjutnya?</i></p>	
<p>8. (a) To what extent the Claimant has been or will be totally disabled from following his occupation as shown on the previous page of this form. <i>Setakat mana penuntut telahpun atau akan tidak berupaya penuh akibat daripada seperti diterangkan dimuka sebelah.</i></p> <p>(b) To what extent the Claimant has been or will be partially disabled from following his occupation as shown on the previous page of this form. <i>Setakat mana penuntut telahpun atau akan tidak berupaya separa akibat daripada seperti diterangkan dimuka sebelah.</i></p>	<p>_____</p> <p>_____</p>
<p>9. Whether the Claimant is now attending to his business or occupation in any way? <i>Samaada penuntut masih bekerja?</i></p>	

I hereby certify the foregoing statements are correct.  
*Saya dengan ini mengesahkan bahawa butir-butir diatas adalah benar.*

SIGNATURE .....

TANDATANGAN

ADDRESS .....

ALAMAT

QUALIFICATIONS .....

KELAYAKAN

DATED .....

BERTARIKH

## LONPAC PARTICIPATING HOSPITAL LIST

NO.	HOSPITAL	TEL. NO.
<b>KL/SELANGOR</b>		
1	AL-ISLAM SPECIALIST HOSPITAL	03-2693 1007
2	ALPHA SPECIALIST CENTRE	03-6141 8533
3	AN-NUR SPECIALIST HOSPITAL	03-8926 6036
4	ARA DAMANSARA MEDICAL CENTRE SDN. BHD.	03-5639 1212
5	ASSUNTA HOSPITAL	03-7680 7000
6	BEACON INTERNATIONAL SPECIALIST CENTRE	03-7620 7979
7	COLUMBIA ASIA HOSPITAL - BUKIT RIMAU	03-5125 9999
8	COLUMBIA ASIA HOSPITAL - PUCHONG	03-8064 8688
9	COLUMBIA ASIA HOSPITAL - CHERAS	03-9086 9999
10	COLUMBIA ASIA HOSPITAL - PETALING JAYA	03-7949 9999
11	COLUMBIA ASIA HOSPITAL - SETAPAK	03-4145 9999
12	DAMAI SERVICE HOSPITAL (HQ) SDN. BHD.	03-4043 4900
13	DAMAI SERVICE HOSPITAL (MELAWATI) SDN. BHD.	03-4108 9900
14	DEMC SPECIALIST HOSPITAL SHAH ALAM	03-5515 1888
15	GLENEAGLES KUALA LUMPUR	03-4141 3000
16	HOSPITAL PUSRAWI	03-2687 5000
17	INSTITUT JANTUNG NEGARA	03-2617 8200
18	KAJANG PLAZA MEDICAL CENTRE	03-8739 7077
19	KELANA JAYA MEDICAL CENTRE SDN. BHD.	03-7805 2111
20	KL EYE SPECIALIST CENTRE	03-6250 0077
21	KPJ AMPANG PUTERI SPECIALIST HOSPITAL	03-4270 2500
22	KPJ DAMANSARA SPECIALIST HOSPITAL	03-7722 2692
23	KPJ KAJANG SPECIALIST HOSPITAL	03-8769 2999
24	KPJ KLANG SPECIALIST HOSPITAL	03-3377 7999
25	KPJ PUSAT PAKAR MATA CENTRE FOR SIGHT	03-7804 4051
26	KPJ RAWANG SPECIALIST HOSPITAL	03-6099 8813
27	KPJ SELANGOR SPECIALIST HOSPITAL	03-5543 1111
28	KPJ TAWAKKAL SPECIALIST HOSPITAL	03-4026 7777
29	KPMC PUCHONG MEDICAL CENTRE	03-8062 4073
30	LOURDES MEDICAL CENTRE	03-4042 5335
31	MANIPAL HOSPITALS SDN. BHD.	03-3324 3288
32	PANTAI HOSPITAL AMPANG	03-4289 2828
33	PANTAI HOSPITAL CHERAS	03-9132 2022
34	PANTAI HOSPITAL KLANG	03-3258 5500
35	PANTAI HOSPITAL KUALA LUMPUR	03-2296 0888
36	PARKCITY MEDICAL CENTRE SDN. BHD.	03-5639 1212
37	PRINCE COURT MEDICAL CENTRE SDN. BHD.	03-2160 0000
38	PUSAT RAWATAN ISLAM AZ-ZAHRAH	03-8925 2525
39	QUILL ORTHOPAEDIC SPECIALIST CENTRE SDN. BHD.	03-7727 0633
40	SENTOSA MEDICAL CENTRE	03-4043 7166
41	SENTOSA SPECIALIST HOSPITAL	03-5162 8814
42	SHAH ALAM SPECIALIST HOSPITAL	03-5548 5161
43	SRI KOTA SPECIALIST MEDICAL CENTRE	03-3373 3636
44	SUBANG JAYA MEDICAL CENTRE SDN. BHD.	03-5639 1212
45	SUNGAI LONG MEDICAL CENTER SDN. BHD.	03-9010 3788

46	SUNWAY MEDICAL CENTRE SDN. BHD.	03-7491 9191
47	TAMAN DESA MEDICAL CENTRE	03-7982 6500
48	THE TUN HUSSEIN ONN NATIONAL EYE HOSPITAL	03-7718 1488
49	TOP VISION EYE SPECIALIST CENTRE (SETIA ALAM) SDN. BHD.	03-3343 9911
50	TOP VISION EYE SPECIALIST CENTRE SDN. BHD.	03-3181 8993
51	TROPICANA MEDICAL CENTRE (M) SDN. BHD.	03-6287 1111
52	TUNG SHIN HOSPITAL	03-2037 2288
53	UM SPECIALIST CENTRE SDN. BHD.	03-7841 4188

#### **PERAK**

54	ANSON BAY MEDICAL CENTRE	05-623 2999
55	APOLLO MEDICAL CENTRE	05-805 6000
56	COLUMBIA ASIA HOSPITAL - TAIPING	05-820 8888
57	HOSPITAL FATIMAH	05-545 5777
58	KINTA MEDICAL CENTRE	05-254 5333
59	KPJ IPOH SPECIALIST HOSPITAL	05-240 8777
60	PANTAI HOSPITAL IPOH	05-540 5555
61	PANTAI HOSPITAL MANJUNG	05-689 8555
62	PERAK COMMUNITY SPECIALIST HOSPITAL	05-241 9000
63	TAIPING MEDICAL CENTRE	05-807 1049

#### **PENANG**

64	ADVENTIST MEDICAL CENTRE	04-226 2323
65	BAGAN SPECIALIST CENTRE	04-332 2800
66	GLENEAGLES MEDICAL CENTRE, PENANG	04-227 6111
67	HOPE CHILDREN HOSPITAL - GOTTLIEB	04-228 6557
68	HOSPITAL LAM WAH EE	04-652 8888
69	ISLAND HOSPITAL	04-228 8222
70	KPJ PENANG SPECIALIST HOSPITAL	04-548 6688
71	LOH GUAN LYE SPECIALISTS CENTRE	04-238 8888
72	OPTIMAX EYE SPECIALIST HOSPITAL (PENANG)	04-282 3522
73	PANTAI HOSPITAL PENANG	04-643 3888
74	PENANG ADVENTIST HOSPITAL	04-222 7200

#### **KEDAH**

75	KEDAH MEDICAL CENTRE	04-730 8878
76	METRO SPECIALIST HOSPITAL	04-423 8888
77	PANTAI HOSPITAL SUNGAI PETANI	04-442 8888
78	PUTRA MEDICAL CENTRE	04-734 2888

#### **MELAKA**

79	MAHKOTA MEDICAL CENTRE SDN. BHD.	06-285 2999
80	ORIENTAL MELAKA STRAITS MEDICAL CENTRE	06-315 8888
81	PANTAI HOSPITAL AYER KEROH	06-231 9999
82	PUTRA SPECIALIST HOSPITAL (MELAKA) SDN. BHD.	06-283 5888

#### **NEGERI SEMBILAN**

83	COLUMBIA ASIA HOSPITAL - SEREMBAN	06-601 1988
84	KPJ SEREMBAN SPECIALIST HOSPITAL	06-767 7800
85	MAWAR MEDICAL CENTRE	06-764 7048

86	NILAI MEDICAL CENTRE	06-850 0999
87	NSCMH MEDICAL CENTRE	06-763 1688
88	SALAM SENAWANG SPECIALIST HOSPITAL	06-675 1188

#### **JOHOR**

89	COLUMBIA ASIA HOSPITAL - NUSAJAYA	07-233 9999
90	GLENEAGLES MEDINI	07-560 1000
91	HOSPITAL PENAWAR SDN. BHD.	07-252 1800
92	KEMPAS MEDICAL CENTRE	07-236 8999
93	KLUANG UTAMA SPECIALIST HOSPITAL	07-771 8999
94	KPJ BANDAR MAHARANI SPECIALIST HOSPITAL	06-956 4555
95	KPJ JOHOR SPECIALIST HOSPITAL	07-225 3000
96	KPJ PASIR GUDANG SPECIALIST HOSPITAL	07-257 3999
97	KPJ PUTERI SPECIALIST HOSPITAL	07-225 3222
98	MEDICAL SPECIALIST CENTRE (JB)	07-224 3888
99	PANTAI HOSPITAL BATU PAHAT	07-433 8811
100	PUTRA SPECIALIST HOSPITAL (BATU PAHAT)	07-413 3333
101	REGENCY SPECIALIST HOSPITAL	07-381 7700

#### **PAHANG**

102	DARUL MAKMUR MEDICAL CENTRE	09-534 9988
103	KUANTAN MEDICAL CENTRE	09-514 2828
104	KUANTAN SPECIALIST HOSPITAL SDN. BHD.	09-567 8588

#### **KELANTAN**

105	KOTA BHARU MEDICAL CENTRE	09-743 3399
106	KPJ PERDANA SPECIALIST HOSPITAL	09-745 8000

#### **TERENGGANU**

107	KUALA TERENGGANU SPECIALIST HOSPITAL SDN. BHD.	09-624 5353
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#### **SABAH**

108	DAMAI SPECIALIST HOSPITAL	088-222 922
109	GLENEAGLES KOTA KINABALU	088-518 888
110	KPJ SABAH SPECIALIST HOSPITAL	088-211 333
111	RAFFLESIA MEDICAL CENTRE SDN. BHD.	088-272 620

#### **SARAWAK**

112	BORNEO MEDICAL CENTRE	082-507 333
113	BINTULU MEDICAL CENTRE	086-330 333
114	COLUMBIA ASIA HOSPITAL - BINTULU	086-251 888
115	COLUMBIA ASIA HOSPITAL - MIRI	085-437 755
116	KUCHING SPECIALIST HOSPITAL	082-365 777
117	MIRI CITY MEDICAL CENTRE	085-426 622
118	NORMAH MEDICAL SPECIALIST CENTRE	082-440 055
119	REJANG MEDICAL CENTRE	084-330 733
120	SIBU SPECIALIST MEDICAL CENTRE	084-329 900
121	TIMBERLAND MEDICAL CENTRE	082-234 466