

Commercial Property/Fire Claim Form

Formulir Klaim Harta Benda Komersial/Kebakaran



PT Great Eastern General Insurance Indonesia

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

How to complete this form

1. Please complete 1. to 7. and 13.
2. Please complete the remaining relevant portion e.g. 9. for Fire Loss.

What to do in the event of a claim

1. Attach all quotations obtained for replacement of or repair to the damaged or missing property.
2. Attach valuations and receipt for purchases whenever possible.
3. Advise Police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage, Travellers Baggage.
4. Attach any letter of demand or other correspondence that you may receive from any Third Party.
5. Do not make any admission of liability for loss or damage caused by you to third parties.

FORMULIR INI DITERBITKAN TANPA PENGAKUAN TANGGUNG JAWAB, DAN HARUS DILENGKAPI DAN DIKEMBALIKAN KEPADA PERUSAHAAN DENGAN SEGERA, BAIK KLAIM DIBUAT MAUPUN TIDAK.

Cara mengisi formulir ini

1. Mohon diisi 1. sampai 7. dan 13.
2. Mohon diisi sisa bagian yang relevan, misalnya 9. untuk Kerugian Karena Kebakaran (Fire Loss).

Hal yang harus dilakukan apabila klaim dibuat

1. Lampirkan semua penawaran yang diperoleh untuk penggantian atau perbaikan harta benda yang rusak atau hilang.
2. Lampirkan kwitansi dan tanda terima pembelian jika ada.
3. Segera laporkan ke polisi jika terjadi kerugian karena Kebongkaran, Kebobolan, Pencurian, Perbuatan Jahat yang Dicurigai, Bagasi Perjalanan.
4. Lampirkan segala surat tuntutan atau korespondensi lainnya yang mungkin Anda terima dari Pihak Ketiga.
5. Jangan membuat pengakuan tanggung jawab atas kerugian atau kerusakan yang disebabkan oleh Anda kepada pihak ketiga.

| | | | |
|--|--|---|--|
| 1. Claim No. <i>No. Klaim</i> | | 2. Client No. <i>No. Klien.</i> | |
| 3. Policy No. <i>No. Polis</i> | | 4. Account No. <i>No. Rekening.</i> | |

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| 5. The Insured <i>Polis.</i> |
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| | | | |
|---------------------------------|--|--|--|
| Name <i>Nama</i> | Contact No. <i>No. Kontak</i> | | |
| Address <i>Alamat</i> | Policy No. <i>No. Polis</i> | Expiry Date <i>Tgl. Kedaluwarsa</i> | |
| | Has the premium been paid? <i>Apakah premi sudah dilunasi?</i> | <input type="checkbox"/> Yes <i>Ya</i> | <input type="checkbox"/> No <i>Tidak</i> |

Name of other Interested Parties (Hire Purchase, Lease, etc.), if any
Nama Pihak lain yang berkepentingan (Sewa Beli, Sewa, dan lain-lain), jika ada

Are there any other Insurances in force which would cover this in whole or in part?
If answer is "Yes", please advise **Yes** **No**
Adakah asuransi lain yang masih berlaku yang akan menjamin ini seluruhnya atau sebagian?
Jika "Ya", mohon jelaskan *Ya* *Tidak*

Name of Insurer
Nama Penanggung

Policy Details
Rincian Polis

| |
|---|
| 6. Details Of Loss Damage Or Occurrence <i>Rincian Kerusakan Kerugian Atau Kejadian</i> |
|---|

| | | |
|--|---------------------------|------------------------------|
| Date of Loss/Damage/or Occurrence: <i>Tanggal Kerugian/Kerusakan/atau Kejadian:</i> | Time <i>Jam</i> | AM/PM <i>AM/PM</i> |
| When was Loss/Damage/or Occurrence reported to you (if applicable): <i>Kapan Kerugian/Kerusakan/atau Kejadian dilaporkan kepada Anda (jika berlaku):</i> | Time <i>Jam</i> | AM/PM <i>AM/PM</i> |

Place and/or Premises where it occurred:
Tempat kejadian terjadi:

Please state full particulars how Loss, Damage or Accident occurred:

Mohon berikan rincian lengkap bagaimana Kerugian, Kerusakan, atau Kecelakaan terjadi:

Please describe Nature of Damage or Injury

Mohon jelaskan Sifat Kerusakan atau Kecelakaan

7. Responsibility/Witnesses

Tanggung Jawab/Saksi

Was another person, in your opinion, responsible for loss or damage or cause of the occurrence?

Yes
Ya

No
Tidak

If reply is "Yes", please give full details:

Adakah orang lain, menurut pendapat Anda, bertanggung jawab atas kerugian atau kerusakan atau penyebab kejadian? Jika "Ya", mohon berikan rincian lengkap:

| | |
|--------------|---------------------------|
| Name Nama | Contact No. No. Kontak |
|--------------|---------------------------|

| |
|-------------------|
| Address Alamat |
|-------------------|

Reasons

Alasan

Was there a witness/or witnesses to this event?

Yes
Ya

No
Tidak

If reply is "Yes", please give full details:

Adakah saksi/atau saksi-saksi untuk peristiwa ini?

Jika "Ya", mohon berikan rincian lengkap:

| | |
|--------------|---------------------------|
| Name Nama | Contact No. No. Kontak |
|--------------|---------------------------|

| |
|-------------------|
| Address Alamat |
|-------------------|

8. Burglary Loss

Kerugian Karena Kebongkaran (Burglary Loss)

If claiming under Multi Risk, Housebreaking, Theft, Malicious Damage, Baggage, advise the following:

Jika mengklaim di bawah Multi Risiko, Kebobolan, Pencurian, Perbuatan Jahat, Bagasi, jelaskan hal berikut ini:

a) Full details of method used by offender

Rincian lengkap mengenai cara yang digunakan oleh pelaku

| | | |
|--|-------------|----------------|
| b) When were the Police notified Kapan Polisi diberi tahu | Time Jam | AM/PM AM/PM |
|--|-------------|----------------|

| | |
|---------------------------------|------------------------------|
| Police Station Kantor Polisi | Officer Name Nama Petugas |
|---------------------------------|------------------------------|

State reason if not reported to Police

Sebutkan alasannya jika tidak dilaporkan kepada Polisi

a) Has the loss been advertised.

Yes
Ya

No
Tidak

If answered "Yes", give particulars and send copy of advertisement with this form

Apakah kerugian telah diiklankan.

Jika "Ya", berikan rincian dan serahkan salinan iklan bersama formulir ini

| |
|---|
| b) When was the property last seen by you Kapan terakhir kali Anda melihat harta benda tersebut? |
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c) At the time of loss how long had premises been unoccupied

Pada saat kejadian sudah berapa lama tempat tersebut tidak didiami?

