

Public and/or Personal Liability Claim Form

PT Great Eastern General Insurance Indonesia



Policy No Nomor Polis	
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IMPORTANT

- Please read the Claim Form fully prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:
 1. **If anyone hold you responsible for their accident/incident/injury, insist their claim must be in writing**
Jika seseorang menuntut tanggung jawab anda atas kecelakaan/kejadian/cidera badan, pastikan bahwa klaim tersebut diajukan tertulis
 2. **Any communication received must be forwarded to PT Great Eastern General Insurance Indonesia**
Semua bentuk komunikasi yang diterima harus disampaikan kepada PT Great Eastern General Insurance Indonesia
 3. **Do not admit Liability**
Jangan mengakui tanggung jawab tersebut

Claims Department
PT Great Eastern General Insurance Indonesia
Midplaza 2, 23rd floor
Jalan Jenderal Sudirman kav. 10-11 Jakarta 10220

I. The Insured (Tertanggung)

Name of Insured
Nama Tertanggung

Occupation
Pekerjaan

Address
Alamat

Mobile & Telephone No

Email

II. Third Party (Pihak Ketiga)

Name Nama | **Age** Usia

Address
Alamat

Mobile & Telephone No

Email

General Description
Keterangan Umum

III. PARTICULARS OF ACCIDENT / INCIDENT (Peristiwa kecelakaan / kejadian)

Date Of Accident/Incident Tanggal Kecelakaan/Kejadian	Date Tanggal	Time Pukul	am/pm
Date of Reported Tanggal Laporan	Date Tanggal	Time Pukul	am/pm
Exact Location of accident/Incident Lokasi Kecelakaan/Kejadian			

IV. How It Was Reported (Bagaimana dilaporkannya)

<input type="checkbox"/> In Person Secara Pribadi	<input type="checkbox"/> By Phone Dengan Telpon	<input type="checkbox"/> By Letter Dengan Surat	<input type="checkbox"/> Other Lainnya
By whom Nama pelapor			
Address Alamat			
Mobile & Phone No.		Email	
To whom was the accident reported? kepada siapa dilaporkan?			
Address Alamat			
Mobile & Phone No.		Email	
Position Jabatan			
If reported in person was she/he on own? jika dilaporkan secara langsung, apakah dia datang sendirian?			<input type="checkbox"/> Yes (Ya) <input type="checkbox"/> No (Tidak)
Assisted By whom Ditemani oleh Nama			
Address Alamat			
Mobile & Phone No.		Email	
Describe the incident or accident in as much details as possible Jelaskan secara rinci kejadian atau kecelakaan tsb			
Are you admitted responsibility in any way Apakah anda sudah mengakui bertanggungjawab			<input type="checkbox"/> Yes (Ya) <input type="checkbox"/> No (Tidak)
Please explain why Mohon jelaskan alasannya			

V. Cause (Sebab Kecelakaan)**1. Accident due to** (Kecelakaan disebabkan oleh) :**By the actions of any individual**

Oleh tindakan yang dilakukan oleh seseorang)?

 Yes (Ya) No (Tidak)**If Yes, their name, address and relationship to you; ie. Claimant, employee, member of your family, sub-contractor, etc.**

Jika Ya, nama mereka, alamat, dan hubungannya dengan anda; seperti penuntut klaim, pegawai, anggota keluarga anda, sub-kontraktor, dll

Name Nama	Address Alamat	Relationship Hubungan

Reason why

Alasannya Mengapa

2. Property (Harta Benda)**Do you own the property**

Apakah harta benda tsb milik anda?

 Yes (Ya) No (Tidak)**If No, state name and address of owner**

Jika Tidak, sebutkan nama dan alamat pemiliknya:

Do you occupy the property

Apakah harta benda tsb dihuni oleh anda?

 Yes (Ya) No (Tidak)**If No, state name of tenants and the type of tenancy**

Jika Tidak, sebutkan nama penyewa dan jenis kontraknya

Had any notice given of any defect or hazard by your agent or tenants

Pernahkah sebelumnya ada pemberitahuan mengenai bahaya atau kerusakan oleh agen atau penyewa

 Yes (Ya) No (Tidak)**If Yes, state date notified**

Jika Ya, sebutkan tanggal pemberitahuan:

By whom were you notified

Siapa yang memberitahukan?

What type of property caused the accident

(Eg. Defect in the property or spillage of some substance, etc)?

Jenis harta benda yang menyebabkan kecelakaan mis.

(Kerusakan dibagian apa atau cairan dari zat apa)?

3. Plant Or Equipment (Peralatan atau perlengkapan): Yes (Ya) No (Tidak)**If Yes, describe plant or equipment and its uses**

Jika Ya, jelaskan jenis dan penggunaan peralatan atau perlengkapan tsb

4. Motor Vehicle (Kendaraan Bermotor): Yes (Ya) No (Tidak)

Type of vehicle Jenis kendaraan	Reg Number Plat No
Drivers Name Nama sopir	Address Alamat
Owners Name Nama pemilik	Address Alamat

5. Animal (Binatang):

- Yes (Ya)
 No (Tidak)

Type of animal

Jenis binatang

How long have you owned the animal

Berapa lama anda memiliki binatang tsb

Is the animal normally confined behind fences

Apakah binatang tsb biasanya diikat

Has the animal been involved in similar accidents

Apakah binatang tsb pernah mengalami kecelakaan sejenis

VI. Conditions (Kondisi)**1. Type of footwear**

Jenis sepatu/sandal

 High heels
Hak Tinggi **Flat heels**
Hak Rendah **Thongs**
Sandal Kulit **Other**
Lainnya**Carrying Parcels**

Membawa barang

 Yes (Ya)
 No (Tidak)**Wearing spectacles**

Memakai kaca mata

 Yes (Ya)
 No (Tidak)**Using Cane/crutches**

Memakai tongkat

 Yes (Ya)
 No (Tidak)**2. Walking Surface**

Kondisi Jalan

 Wet
Basah **Dry**
Kering **Dirty**
Kotor **Uneven**
Tidak rata **Broken**
Pecah **Worn**
Berduri **Torn**
Robek **Other**
Lainnya**3. If child involved - was he/she accompanied by an adult at time of accident**

Jika melibatkan anak-anak, apakah diaditemani oleh orang dewasa pada saat kecelakaan

- Yes (Ya)**
 No (Tidak)

VII. Treatment (Perawatan)**Was treatment given at the scene of the accident**

Apakah perawatan diberikan ditempat kejadian

- Yes (Ya)**
 No (Tidak)

If Yes, by whom

Jika Ya, oleh siapa

Address

Alamat

Mobile Phone No.

Email

How severe was the injury in your opinion

Menurut anda seberapa parah cideranya

 Trivial
sepele **Minor**
tidak parah **Major**
parah **Serious**
Sangat parah**Was transport provided**

Apakah disediakan transportasi

- Yes (Ya)**
 No (Tidak)

Was ambulance used

Apakah menggunakan ambulans

- Yes (Ya)**
 No (Tidak)

VIII. Witness and Their Relationship (ie. Employees, members of your family, etc.)

(Saksi-saksi dan hubungannya mis. Karyawan, anggota keluarga, dll)

Name Nama	Address Alamat	Relationship Hubungan

Did Police Officer attend the accident/ incident

If so, name of Police officer

Yes (Ya)

No (Tidak)

If so, name of Police officer

Jika Ya, Nama petugas

Police Station

Dari kantor kepolisian mana

Did Police lay any charges or intimate action may be taken

Apakah polisi menetapkan tuntutan atau perintah untuk dilakukan

Yes (Ya)

No (Tidak)

If so, please supply full details

Jika Ya, mohon jelaskan:

IX. Property Damage (Kerusakan Harta Benda)

Description of property damaged

Perincian harta benda yang rusak

Nature and extent of damage

Jenis kerusakan

Has any demand for this damage been made against you

Apakah sudah ada surat tuntutan kerugian terhadap anda?

Yes (Ya)

No (Tidak)

If Yes, please attach any demands

Jika Ya, mohon lampirkan surat tuntutan tsb

X. Declaration (Pernyataan)

The information and answers given above to the best of our / my knowledge and belief. We/I have not withheld any information likely to affect PT Great Eastern General Insurance Indonesia's consideration of the claim.

(Semua informasi dan jawaban tersebut diatas dibuat dengan sebenarnya. Kami/Saya tidak menyembunyikan suatu informasi apapun yang dapat mempengaruhi pertimbangan klaim oleh PT Great Eastern General Insurance Indonesia).

Signature of Insured

Tandatangan Tertanggung

Date

Tanggal

