

Anika

Insurance Brokers *Sdn Bhd* (8286-D)

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CLAIMS INITIAL REPORT

Reported by		Date	
Policy No		Time	
Address		Class of Insurance	
		Telephone No	

CIRCUMSTANCES OF LOSS / DAMAGE / INJURY

Date		Injured Employee	
Time		Vehicle No	
Where		Estimate	
How		Reparier	
		Police Report No	

THIRD PARTY (IF ANY)

Date		Vehicle No	
Address		Telephone No	
Extent of Damage / Injuries			
Any claims made upon you? If so by whom:			

REMARKS

	Broker	Insurer	Adjuster
Reported to			
Date			

Note : Please FILL in where applicable. This is not a CLAIM FORM but simply a form for extracting information on any incident of loss/damage/inquiry.