

No. 129511

10. THIRD PARTY INJURIES (Other than those in your vehicle)
KECEDEeraan PIHAK KETIGA (Selain daripada yang di dalam kenderaan anda)

	1	2	3
Name Nama			
Address Alamat			
Whether driver/cyclist/passenger/pedestrian, etc. Samada pemandu/penunggang motosikal/penumpang/ pejalan kaki, dll			
Age Umr			
Sex Jantina			
Occupation Pekerjaan			
Was he/she killed in the accident? Adakah beliau terbunuh dalam kemalangan tersebut?			
Was he/she conscious or unconscious after the accident? Adakah beliau waras atau pingsan selepas kemalangan?			
Was he/she able to stand and walk properly? Adakah beliau berupaya untuk berdiri dan berjalan dengan baik?			
Was he/she taken to the hospital or clinic? Adakah beliau dibawa ke hospital atau klinik?			
Who took him/her there? Siapakah yang membawa beliau?			
Was he/she treated as outpatient or admitted for further treatment? Adakah beliau dirawat sebagai pesakit luar atau diwadkan untuk rawatan selanjutnya?			
State the type and extent of injuries sustained by him/her. Nyatakan jenis dan tahap kecederaan yang dialami.			
Present condition of injured person, if known. Keadaan kecederaan sekarang, jika tahu.			
Did he/she/they approach you for compensation? <div style="text-align: right;"><input type="checkbox"/> Yes Ya <input type="checkbox"/> No Tidak</div>			
If so, how much did the person ask for? Jika ada, berapakah yang beliau minta?		How much did you pay? Berapakah yang anda membayarnya?	

I/We hereby declare the foregoing particulars to be true in every respect and that I/We have no other policy of Insurance indemnifying me/us in respect of this accident. I/We also undertake to render the Corporation every assistance in my/our power in dealing with the matter.
Saya/Kami dengan ini mengesahkan bahawa butir-butir yang tersebut adalah benar pada keseluruhannya, dan saya/kami tiada memiliki polisi insurans lain untuk menuntut ganti rugi/berhubungan dengan kemalangan ini. Saya/Kami mengambil akuan untuk memberi sebarang bantuan atau kuasa saya/kami kepada Syarikat untuk mengendalikan perkara ini.

Signature of Insured (Chop and Sign)
Tandatangan dan Cap Asured

Signature of Driver
Tandatangan Pemandu

Date
Tarikh

BRANCH OFFICES OF OVERSEAS ASSURANCE CORPORATION (MALAYSIA) BERHAD (102249-P)
PEJABAT CAWANGAN OVERSEAS ASSURANCE CORPORATION (MALAYSIA) BERHAD (102249-P)

Kuala Lumpur	: Level 18, Menara Great Eastern, 303, Jalan Ampang, 50450 Kuala Lumpur. Tel: 03-4259 7888 Fax: 03-4813 0088
Penang	: 3rd Floor, OCBC Building, 36 Lebuh Pantai, 10300 Penang. Tel: 04-261 9361 Fax: 04-261 9058
Ipoh	: 26A, Persiaran Greentown 6, Greentown Business Centre, 30450 Ipoh, Perak. Tel: 05-253 6649 Fax: 05-255 3066
Alor Star	: No. 1301, Ground Floor, Jalan Teluk Wanjah, 05200 Alor Star, Kedah. Tel: 04-734 6515 Fax: 04-734 6516
Klang	: 3rd Floor, No. 10, Jalan Tiara 2A, Bandar Baru Klang, 41150 Klang, Selangor. Tel: 03-3345 1027 Fax: 03-3345 1029
Melaka	: 2-23, Jalan PM 15, Plaza Mahkota, 75000 Melaka. Tel: 06-284 3297 Fax: 06-283 5478
Kuantan	: 1st Floor, No. 25, Jalan Dato' Lim Hoo Lek, 25000 Kuantan, Pahang. Tel: 09-516 2849 Fax: 09-516 2848
Seremban	: 103-2, Jalan Yam Tuan, 70000 Seremban, Negeri Sembilan. Tel: 06-764 9082 Fax: 06-761 6178
Johor Bahru	: Suite 13A.01, Level 13A, Menara Pelangi, Jalan Kuning, Taman Pelangi, 80400 Johor Bahru. Tel: 07-334 8988 Fax: 07-334 8977
Kota Bharu	: 2nd Floor, Bangunan AAC, 2002A, Jalan Sultan Yahya Petra, 15150 Kota Bharu. Tel: 09-748 2698 Fax: 09-744 8533
Kuching	: Unit 06-01A, Level 6, Gateway, No. 9, Jalan Bukit Mata, 93100 Kuching. Tel: 082-420 197 Fax: 082-248 072
Kota Kinabalu	: Suite 6.3, Level 6, Wisma Great Eastern Life, 65 Jalan Gaya, 88000 Kota Kinabalu. Tel: 088-235 636 Fax: 088-248 879

Notification Date: 15/01/2015

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Date:

The Manager
Great Eastern General Insurance (Malaysia) Berhad
Level 18, Menara Great Eastern
303 Jalan Ampang
50450 Kuala Lumpur
Wilayah Persekutuan

Dear Sirs,

Re: Regarding The Betterment Of Vehicle No: _____


Refer to the above matter.

I/We, as the owner of the said vehicle hereby certify that I am aware of the betterment factor that is applicable to my vehicle.

As I am not agreeable to make contribution toward the betterment, I hereby give my consent and agree to allow my repairer, M/s Tek Yee Motor Sdn Bhd to utilize non-franchise parts or used parts to offset the betterment contribution.

Thank you.

Your faithfully,



Name:
Nric No: