Pacific & Orient Co. Berhad
11th Floor Wisma Bumi Raya
No 10 Jalan Raja Laut 50730 Kuala Lumpur
T +603-2698 5033 F +603-2693 8154
Co. Registration No 197201000959

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.

MAID INSURANCE POLICY CLAIM FORM / *BORANG TUNTUTAN PEMBANTU RUMAH*

Claim No : _____
No Tuntutan No. Polisi :

Policy No : _____
Polisi No :

DETAILS OF INSURED / *BUTIR-BUTIR PEMEGANG POLISI*

1. Name of Insured : *Nama Pemegang Polisi*

2. Tax Identification No. / *No. Cukai Pendapatan (TIN)* : _____

3. Address : *Alamat*

4. No.Handphone : *No. Telefon Bimbit*

5. Telephone No. : *No. Telefon*

6. E-mail Address/ *Alamat E-mel* : _____

7. Name of Insured Person : *Nama Pihak diinsuranskan*

8. Nationality/Warganegara : _____

9. Passport No./nombor passport : _____

10. Date of employment : _____
Tarikh mula bekerja

11. Monthly Salary/Monthly Levi_____

12. Accident Date : _____
Tarikh Kemalangan :

Time : _____
Masa :

Place : _____
Tempat :

14. Describe how and where the accident happened/Terangkan bagaimana kemalangan berlaku

_____

Give details of the circumstances leading to the medical treatment or hospitalization including the injury sustained. Please attach receipts, bills and other documentary evidence of the expenditure to substantiate your claim.
Sila berikan butir-butir mengenai keadaan yang membawa kepada rawatan perubatan atau kemasukan ke hospital termasuk kecederaan yang dialami. Sila lampirkan resit, bil dan dokumentasi perbelanjaan lain-lain untuk membuktikan tuntutan anda.

Attending Doctor / *Doktor yang memberi rawatan :* _____

Doctor's Address / *Alamat Doktor :*

If hospitalized, Name and Address of Hospital / *Sekiranya dimasukkan ke hospital, Nama dan Alamat Hospital :*

Period in Hospital / *Tempoh masa di Hospital :*

AUTHORIZATION / *PEMBERIAN KUASA*

I hereby authorize any hospital, doctor or any other person who has attended to or examined me, to furnish to the Company, or its authorized representative, any or all information in respect of my injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records.
Dengan ini saya memberi kuasa kepada mana-mana hospital, doktor atau mana-mana pihak yang telah merawat saya untuk memberi informasi berkenaan perubatan, konsultasi, preskripsi atau rawatan serta salinan semua rekod hospital atau perubatan.

I hereby give consent on behalf of myself and/or claimants in accordance with the provisions of the Personal Data Protection Act 2010, to PACIFIC & ORIENT CO. BERHAD to collect, use, disclose, transfer, share or otherwise process my Personal Data including any sensitive Personal Data. For information on our privacy policy, please visit our website www.poi2u.com
Dengan ini, saya mengesahkan bahawa saya memberi persetujuan bagi pihak saya dan/atau penuntut mengikut Akta Perlindungan Peribadi 2010 membenarkan PACIFIC & ORIENT CO. BERHAD untuk mengumpul, menggunakan, mendedahkan, memindahkan, berkongsi atau sebaliknya memproses Data Peribadi saya termasuk Data Peribadi Sensitif.
Untuk maklumat lanjut mengenai polisi maklumat sulit kami, sila layari laman web kami www.poi2u.com

Date: _____
Tarikh:

_____
Signature of Claimant / *Tandatangan Penuntut*

Option for e-Payment
Pilihan e-Pembayaran

To / *Kepada*:
Pacific & Orient Co. Berhad
11th Floor Wisma Bumi Raya
No 10 Jalan Raja Laut 50730 Kuala Lumpur
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Co. Registration No 197201000959

ELECTRONIC CREDIT PAYMENT AUTHORISATION FORM
KEBENARAN PEMBAYARAN KREDIT ELEKTRONIK

a. Name / *Nama* : _____

b. Address/ *Alamat* : _____

: _____

c. Beneficiary IC / Business Registration No. : _____
No. Kad Pengenalan/ Pendaftaran Perniagaan Penerima

d. Policy No. (If applicable) / : _____
No. Polisi (Jika berkenaan)

e. Claim No. (If applicable) / : _____
No. Tuntutan (Jika berkenaan)

f. SST No. / *No. SST* : _____

g. TIN No. / *No. TIN* : _____

h. Agency Account No / No. Akaun Agensi : _____

i. Bank Account Details (Bank Savings Book must be attached)
Butiran Akaun Bank (muka surat pertama Buku Bank Simpanan mesti dilampirkan)

Beneficiary Name / Nama Penerima : _____

Bank Account No / No Akaun Bank : _____

Name Bank / Nama Bank : _____

j. E-mail Address / *Alamat E-mel* : _____

k. Telephone No./ *No Telefon.* : _____

Mobile (HP / *(Bimbit)*

I/We hereby authorise PACIFIC & ORIENT CO. BERHAD to remit all payments directly to the above nominated account. A copy of the bank statement / bank savings book showing the account number and account holder is attached.

Saya/Kami dengan ini memberi kuasa kepada PACIFIC & ORIENT CO. BERHAD untuk remit semua pembayaran terus ke dalam akaun yang dinyatakan di atas, berserta salinan penyata bank/buku bank simpanan yang dilampirkan.

_____

Signature and Company Stamp (If Applicable)
Tandatangan dan Cop Syarikat (Jika Berkenaan)

Date / *Tarikh:*

PRIVACY POLICY / *DASAR PRIVASI*
For information on our privacy policy, please visit our website www.poi2u.com
Untuk maklumat tentang dasar privasi kami, sila layari laman web kami www.poi2u.com