



4<sup>th</sup> Floor, No 11, Jalan Medan Tuanku Satu, 50300 Kuala Lumpur, Malaysia.  
 Tel: +60 (3) 26914244 (5 lines) / 27133331 (9 lines) Fax: +60 1700 814 635  
 E-mail: [enquiry@anika.com.my](mailto:enquiry@anika.com.my) Website: <http://www.anika.com.my>

## 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.