

This Data Access / Correction Request is made to:

AMGENERAL INSURANCE BERHAD (44191-P)

INSTRUCTIONS:

1. This form is to be completed by individuals requesting access or correction to personal data.
2. Your request may not be processed if the information / document provided is incomplete OR where the request is of commercially confidential information.
3. Third Party Requestor is to be present at the relevant office / branch to submit this form and for verification of information and documents required.
4. The supporting document(s) required in this form must be provided and we will respond **within 21 days** of receipt of the completed form with accompanying documents

Please tick [v] for the type of request:

- Personal Data Access Request (Please fill in Part A to I)
- Personal Data Correction Request (Please fill in Part A to E, H and I only)

Note:

The supporting document(s) required in this form must be provided.

GENERAL ENQUIRY

1. If you have any queries / need any guidance in filling-up this form, you may contact:
AmAssurance: 1-300-80-3030 / e-mail: amassurance-general@ambankgroup.com
Kurnia Insurans: 1-800-88-6333/email: corporate@kurnia.com
2. If you wish to mail / fax this form, the duly completed form can be mailed / faxed to:
AmGeneral Insurance Berhad,
Menara Shell, No. 211, Jalan Tun Sambanthan,
50470, Kuala Lumpur, Malaysia.
Fax : +603 2268 2222

PART A : ABOUT YOURSELF

Please tick [v]:

- I am a customer / former customer of and I would like to correct/access my personal data
- I am a Third Party Requestor [i.e. I am making this personal data correction/access request for another person.]

PART B : PARTICULARS OF THE DATA SUBJECT

Full name (as per NRIC): _____

NRIC/Passport No. : _____ (Copy to be attached)

Correspondence Address: _____

Insurance Policy No./ Vehicle Registration No: _____

Telephone No:- Office/Home: _____ Mobile: _____ E-mail: _____

PART C : PARTICULARS OF THIRD PARTY REQUESTOR

[to be filled if request is made by a person other than Data Subject]

Full name: _____

NRIC / Passport Number: _____

Correspondence Address: _____

Telephone No:- Office/Home: _____ Mobile: _____ E-mail: _____

I am making this request for the correction/access of personal data of Data Subject because Data Subject:

- is a minor and I am the parent / legal guardian / parental responsibility over the Data Subject
- is incapable of managing his/her affairs and I have been appointed by Court to manage his affairs
- had passed away and I have been appointed as administrator of Data Subject's estate.
- authorised me in writing to make this data correction/access request
- other reason: (please specify):.....

In proof of my capacity, I enclose the following:

- copy of my NRIC / Passport (original to be produced for inspection); and
- original of Court Order / Power of Attorney
- original authorisation letter from Data Subject
- other documents (please specify):.....

PERSONAL DATA ACCESS / DATA CORRECTION REQUEST FORM



PART D : PRODUCTS / SERVICES FOR WHICH PERSONAL DATA ACCESS / CORRECTION IS REQUIRED

Please tick [v] for the type of product / service offered by AmGeneral Insurance Bhd for which the personal data correction/access is being requested:

- Motor Product Non Motor Product PA Product Health Product
 Other product / service (please specify): All products / service by AmGeneral
 I am / Data Subject is afor a facility / insurance policy provided to
 I am / Data Subject is a director / shareholder / authorized signatory of

PART E : THE PERSONAL DATA ACCESS AND / OR CORRECTION / UPDATES REQUESTED

Personal Data Item	Data Required (Please tick [v])	Data to be corrected / changed (Please tick [v])	Details (Please specify)
Insured Name			
Insured Address			
NRIC / Passport No.			
Vehicle Registration No.			
Insurance Policy Details			
Claims Details (please specify)			
Gender			
Contact No.			
Race			
Email			
Marital Status			
Occupation			
Others (please specify)			

PART F : THE REQUEST

I would like to be:
 informed whether or not the personal data is held by the company (i.e. no copy of personal data is required by me) to be supplied with a copy of the personal data

PART G : PREFERRED MANNER OF DELIVERY

The personal data requested :
 is to be mailed to my address stated above.
 will be collected by me personally from your office / branch at:.....

PART H : DECLARATION (by Data Subject / Third Party Requestor)

I, _____ (NRIC/Passport No: _____) hereby certify that the information given in this form and all documents enclosed are true and accurate.

 Date/Time:.....
 (Signature of Data Subject / Third Party Requestor)

PART I : ACKNOWLEDGMENT RECEIPT (by AmGeneral Insurance Bhd)

Received by:..... Date /Time Received:.....
 (signature of staff receiving the correction/access request)

 Name:..... Designation:.....

 Office / Branch:..... Official Rubber Stamp: