



PERSATUAN INSURANS AM MALAYSIA
(General Insurance Association of Malaysia)

Level 3, Wisma PIAM, No. 150 Jalan Tun Sambanthan, 50470 Kuala Lumpur.
Tel : 603 - 2274 7399 Fax : 603 - 2274 5910 Email : FraudReporting@piam.org.my

FRAUD REPORTING COMPLAINT FORM

The information you report on this form will form the basis for investigating your report of insurance fraud, if an investigation follows. When completed, mail or electronically submit your form and supporting documents to the office online. Your complaint on fraud will receive our immediate attention.

SECTION 1

COMPLAINANT INFORMATION

Name

NRIC No.

Address

Contact No.
Home/Work Mobile

Email

SECTION 2

CLASS OF COMPLAINT

- Motor Vehicle Accident
- Motor Vehicle Theft
- Motor Bodily Injury/Death Claims
- Fire/Houseowner/Householder
- Personal Accident Insurance
- Others, please state type of policy

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Your Relationship in this complaint

SECTION 3

YOUR COMPLAINT is AGAINST
(examples: policyholder, agent, adjuster, workshop, tow operator, etc)

Name(s). _____
(Individual or Business)

Contact No(s). _____
(If available)

Details of Insurance _____
Company *Personnel *(If applicable)*

Vehicle Registration No(s). _____
(Applicable for Motor Vehicle Claims Only)

Others (category), _____
please state *(Type of Fraud)*

(Policy Number, if available)

Please detail the fraud committed and attach relevant documents against the individual or business listed in Section 3. Include the who, what, where, when and why of your complaint, provide explicit details of the transaction involved and a chronology of the events.

My complaint is:

Type of Attachment:-

- _____
- _____
- _____

Signature/Date of Complaint