

LOSS NOTIFICATION FORM	
IEM OFFICE PACKAGE INSURANCE	
DATE:	_____
TO:	_____ FAX NO:
ATTN:	<u>Mr.</u> _____
FROM:	_____
1	DATE OF LOSS: _____
2	TYPE OF LOSS: a) Fire () b) Burglary () c) Money () d) Plate Glass () e) Fidelity Gurantee () f) Equipment All Risk () g) Public Liability () * Please tick where appropriate (X)
3	BRIEF ACCOUNT OF INCIDENT:
4	LOCATION OF INCIDENT:
5	ESTIMATED LOSS:
6	PERSON TO CONTACT: NAME: DESIGNATION: _____ TELEPHONE NO: _____ HANDPHONE NO: _____ FAX NO: _____
cc	McLarenSaksama (Malaysia)SdnBhd Fax No: 03 7987 2298 Attn: Mr. Lim Chin Keong