

Claim Reference No : _____
Date : _____

Allied Risk Solutions Sdn Bhd

D111, Block D,
Kelana Square,
No 17, Jalan SS7/26,
47301 Petaling Jaya

Dear Sirs,

Re : Preliminary Advise of Loss

We regret to advise of an accident/loss reported to us and a probably claim, the particular of which are as follows:-

Policyholder	:	_____
Class of Insurance	:	_____
Policy No	:	_____
Period of Insurance	:	1/11/2004 till 30/9/2005
Name of Insured	:	_____ (Employee/Dependant)
I/C No.	:	_____
Insured No	:	_____
Occupation	:	_____
Date of Admission	:	_____
Hospital	:	_____
Nature of Injury/Sickness	:	_____
Estimate Loss	:	_____
Date Advise Received	:	_____
Advise Received From	:	_____

The completed Notice of Claims is attached/will be sent to you with further particulars in due course.

Thank you.

Yours faithfully,