

## PERODUA AUTO ASSIST CLAIM FORM

Name of Member :	_____	Repair Amount :	_____
Name of Authorized Driver :	_____	Outlet Name & PIC :	_____
Tel No. :	_____	Model Code :	_____
Vehicle Registration No :	_____	Bank Name :	_____
Vehicle Registration Date :	_____	Account No :	_____
Breakdown/Accident Date:	_____	Current Address :	_____

No	PARTICULARS (Please tick (√) if applicable)	DOCUMENTS	AMOUNT	
			RM	Sen
1.	<input type="checkbox"/> <b>Medical Services *</b> Note: RM150/day. Max amount of RM750 only per incident	( ) Warded / Medical Report ( ) Police Report ( ) Perodua Repair Order		
2.	<input type="checkbox"/> <b>Car Rental<sup>1 2 *</sup></b> Note: Max amount of RM200 only per incident	( ) Rental Receipt ( ) Police Report ( ) Perodua Repair Order		
3.	<input type="checkbox"/> <b>Hotel Accommodation<sup>1 *</sup></b> Note: Max amount of RM150 only per incident	( ) Hotel Receipt ( ) Police Report ( ) Perodua Repair Order		
4.	<input type="checkbox"/> <b>Flood (additional towing) *</b> Note: Max amount of RM100 only per incident	( ) Official Receipt ( ) Repair Order		
5.	<input type="checkbox"/> <b>Car Stolen *</b> Note: Max amount of RM300 only per incident	( ) Police Report ( ) Rental Receipt ( ) Rental Agreement		
6.	<input type="checkbox"/> <b>Bereavement Expenses *</b> Note: Max amount of RM500 only	( ) Police Report ( ) Death Certificate		
7.	<input type="checkbox"/> <b>Loss Personal Belonging (Car Break-In) *</b> Note : Max amount of RM150 per incident	( ) Police Report ( ) Photos of Incident ( ) Perodua Repair Order		
8.	<input type="checkbox"/> <b>Data Not In Record *</b> Note : Max amount of RM300(Breakdown) & RM100(Accident)	( ) Insurance Cover Note		
9.	<input type="checkbox"/> <b>Other Benefits *</b> Please state : .....	( ) Police Report ( ) Relevant Particulars/Details		
<b>TOTAL</b>				

**Subject to:**

1. Accident and breakdown occurs 100km from the customers' place of residence. <sup>1</sup>
2. Total cost of repair should be RM3500 and above. <sup>2</sup>
3. All reimbursement claims must be accompanied by this claim form and **copy of owner IC**.
4. Documentation for claims must be submitted within 2 weeks form the date of breakdown/accident. Otherwise, all benefit entitlement will be forfeited.
5. All vehicles must be repaired at Perodua Service Centers or Perodua Body & Paint.

**CLAIM MADE BY,**

\_\_\_\_\_  
Customer Name :  
Request Date :

**APPROVAL AND ACKNOWLEDGEMENT**

**(I) PERODUA SALES SDN BHD (PSSB)**

**Checked and Approved by,**

\_\_\_\_\_  
Asst Mgr/ Mgr/ DGM :  
Date :  
Company Stamp :