

# PERSONAL DATA REQUEST/CORRECTION FORM



This Data Correction/Access Request is made to:

## AmGENERAL INSURANCE BERHAD (44191-P)

### FOR THE PURPOSE OF THIS FORM:

- A "Data Subject" is an individual who is requesting to access/correct his/her personal data; and
- A "Third Party Requestor" is another individual/entity that is requesting to access/correct the personal data of the Data Subject.
- "The Company" refers to AmGeneral Insurance Berhad i.e. the Data User.
- "Form" refers to this Personal Data Request/Correction Form.
- "Request" refers to request of access or correction to personal data.

### INSTRUCTIONS:

1. This Form is to be completed by individuals who request for access or correction to personal data of the Data Subject.
2. Personal data correction includes correction, addition or deletion of personal data of the Data Subject.
3. Your Request may not be processed by the Company if:
  - This Form and/or supporting document(s) provided is incomplete;
  - The Company is provided with insufficient information to locate the personal data requested;
  - Your Request relates to personal data which are commercially confidential to the Company.We will notify you of any such decision.
4. Third Party Requestor is to be present at the Company's branch office to submit this Form and supporting document(s) for verification purposes.
5. The Company endeavours to respond to each Request **within 21 days** of the receipt of the completed Form and supporting document(s).

### Please tick [v] for the type of request:

Personal Data Correction Request (Please fill in Part A, B, C, D, E, H and I only)

Personal Data Access Request (Please fill in Part A, B, C, D, E, F, G, H and I)

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

### GENERAL ENQUIRY

Should you require any advice or guidance in completing this form, please contact our Customer Service Executive with the details below:

Customer Service Executive, Customer Contact Centre		
Brand	Telephone No.	Email
AmAssurance	1 800 88 6333	<a href="mailto:customer@amassurance.com.my">customer@amassurance.com.my</a>
Kurnia Insurans	1 800 88 3833	<a href="mailto:customer@kurnia.com">customer@kurnia.com</a>

### 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. : \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Insurance Policy No. / Vehicle Registration No.: \_\_\_\_\_

Telephone No: Office/Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Supporting Document (If the person made the Request is the same person as Data Subject):

A copy of my NRIC/Passport (original to be produced for inspection)

### PART C : PARTICULARS OF THIRD PARTY REQUESTOR

[ to be completed if Request is made by a person other than Data Subject ]

Full name: \_\_\_\_\_

NRIC / Passport No.: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

# PERSONAL DATA REQUEST/CORRECTION FORM



Telephone No.: Office/Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

**In proof of my capacity, I enclose the following supporting document(s):**

- A copy of my NRIC/Passport (original to be produced for inspection)
- The original Court Order / Power of Attorney (if applicable)
- The original authorisation letter from the Data Subject (if applicable)
- Other documents *(please specify)*:.....

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

Please tick [v] for the type of product/service offered by the Company for which the Request is being made:

- Motor Product                       Non-Motor Product                       Personal Accident Product                       Health Product
- Other product/service *(please specify)*: .....                       All products/service by AmGeneral
- I am / Data Subject is a .....for an insurance policy provided to .....
- I am / Data Subject is a director / shareholder / authorized signatory of .....

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

Personal Data Item	Personal Data Access Requested (Please tick [v])	Personal Data Correction Requested	
		Data to be Corrected (Please tick [v])	Details to be Corrected (Please specify)
Insured Name			
Insured Address			
NRIC/Passport No.			
Vehicle Registration No.			
Insurance Policy Details			
Claims Details <i>(please specify)</i>			
Gender			
Contact No.			
Race			
Email			
Marital Status			
Occupation			
Others <i>(please specify)</i>			

## PART F : THE REQUEST FOR COPY OF PERSONAL DATA

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 OF PERSONAL DATA

# PERSONAL DATA REQUEST/CORRECTION FORM



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 any documents submitted enclosed is true and accurate. I understand that (i) it will be necessary for the Company to verify my/Third Party Requestor's identity, and (ii) that the Company may contact me in order to verify the personal data to be corrected.

I also understand that any and/or all personal data provided by me in this Personal Data Request/Correction Form will be collected and processed by the Company as personal data in accordance with the Personal Data Protection Act 2010.

.....  
(Signature of Data Subject / Third Party Requestor)

Date/Time:.....

## PART I : ACKNOWLEDGEMENT RECEIPT (by the Company)

Received by:..... Date/Time Received:.....  
(signature of staff receiving this completed Form with Supporting Documents)

Name:.....

Designation:.....

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