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General Insurance Claim Form

IMPORTANT NOTICE

The acceptance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

1. Particulars of Insured

Name of Insured: _____	NRIC / Passport No.: _____
Policy No.: _____	Contact Person / Telephone No.: _____
Occupation/Business: _____	Are you GST registered at the commencement of the Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Post Address: _____	

2. Answer is required to each of the following questions

1. State the nature of the occurrence (e.g. fire, water, damage, etc...etc.) and date on which it has taken place.	Nature of occurrence: _____ Date of occurrence: _____ Time of occurrence: _____
2. List place at which the occurrence had taken place (address).	_____ _____
3. State purpose for which the premises was/were being used at the date of address.	_____ _____
4. Describe what happened and the resultant damage and indicate the reason you believe was the causation.	_____ _____
5. Indicate name and address of person responsible for the loss or damage.	_____ _____
6. Was any element of risk introduced during the period of insurance which increases the nature of the risk under the policy? If yes , please provide details.	_____ _____
7. Is the claimant the sole owner of the property damaged or destroyed? If no , please indicate full particulars of any other interest.	_____ _____
8 a. State whether the property was stolen, lost or damaged and if it is stolen, name the suspect if any.	_____ _____
b. Date, time and place the property was last seen and by whom:	_____ _____
c. Date and time the loss or damage was first discovered and by whom:	_____ _____
9. If claim is in respect of Jewelry, when was the property last serviced by a Jeweler? Provide name and address of firm.	_____ _____
10. Have you taken any other steps to recover the lost property? If yes , please describe how this is done.	_____ _____

11. Provide dates of any previous claims of a similar nature you have made in connection with these or any other premises, and state the amount of the loss.	_____ _____ _____
12. If the property was stolen or lost, provide the date the police was advised, the name of station and a copy of the report made to the police. (In all such cases the police must be advised promptly.)	_____ _____ _____ _____
13. Were there, at the time of occurrence, any other existing insurances on the said property with any other insurance company whether effected by the claimant or by any other person? If yes, state full particulars. If no , please write "No".	_____ _____ _____ _____
14. Was there any eye witness(s)? If yes , please state the Name, NRIC / Passport No., Address and Contact No.	_____ _____ _____
15. Are there any steps taken to prevent a recurrence? If yes , provide details.	_____ _____ _____

I / We do hereby declare that the above is a full, true and accurate statement, and I / We further declare that the articles mentioned overleaf, being my/our property, and insured under the above-named policy or policies, were destroyed or damaged by the stated occurrence according to the extent and values detailed overleaf.

Date _____ **Signature of Insured (with Company Stamp if applicable)** _____

Designation: _____ **Name:** _____ **NRIC / Passport No.:** _____

Item No.	Description of Property	Cost Price of Property or damaged or stolen	Date of purchase	Estimated value at the time of the loss/damage	Value of the salvage	Net amount claimed after deduction of such salvage

NOTE: Please attach copies of purchase invoice(s), repair bills, valuation's reports etc. where applicable.