

## Property Claim Form

Policy No.		Intermediary	
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**Important Notice**

1. The policyholder and/or the claimant must truthfully declared the information and particulars to the best of your / their knowledge and belief.
2. The acceptance of this form is not in itself an admission of liability on the part of the Company.
3. If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under this policy, the policy will be rendered void.

### The Insured

Name of Insured		NRIC / PP No.	
Residential Address			
Business Address			
Mobile No.		Residential Tel No.	
		Business Tel No.	
Occupation / Business			Present Age <span style="float: right;">years</span>

### The Loss Or Damage

Date property was last seen (for loss only)		Time	
Date of first discovery of loss / damage			
State full circumstances of loss / damage			
Are you the sole owner of the property lost / damaged? If NO, please give name and address of the owner.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property subject to a hire purchase or loan agreement? If YES, please give name and address of finance or lending company.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other insurances covering the same property? If YES, please give name and address of insurance company, type of insurance, policy no. and sum insured.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever sustained loss of a similar nature?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a claim made upon any insurance company? If so, please give name, date, nature of loss and amount paid.			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Additional Questions For Glass Breakage Claims

Size of broken glass pane	
Type of glass	
Situation (eg. door, window, showcase, etc)	

### The Police

Has the loss been reported to the police? If YES, please give (a) name of station, (b) date and time report was made. (Please attach a copy of the report)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Instructions Regarding Claims**

The insured must promptly take all possible steps to trace or recover the property lost.

Particulars Of Property Lost Or Damaged				Particulars Of Claim			
Full Descriptions	Name & Address of Party from whom the Property was purchased	Date of Purchase	Price Paid	Estimated Repair Cost	Market value at Time Of loss	Depreciation / Salvage value	Amount Claimed
Receipts showing date, price of purchase should accompany this form.				In the case of damage, at least 3 quotations should be submitted. If the property is not repairable, a letter from Repairers to that effect should be sent. All salvage must be retained.			

**The Declaration**

- 1) I/We hereby declare that the Property claimed for has been lost, stolen, destroyed or damaged, and that these particulars are true to the best of my / our knowledge and belief.
- 2) I/We further declared that the information written in this claim form or held by Etiqa Insurance Pte. Ltd. whether contained in my/our insurance application or otherwise obtained may be used and disclosed to your authorised staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my/our claim. I/We understand my/our data that may also be used for audit, business analysis and reinsurance purposes. My/Our signature below will signify this consent.

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Signature of Insured   
 Company's stamp (if applicable)