

ePROTECT home Claim Form

Policy Number		Policy Holder's Full Name	
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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.

This form is issued without admission of liability.

Claimant Details			
Claimant Full Name		Claimant NRIC / FIN No.	
Email		Mobile No.	

Loss Details			
Date of Loss or Damage		Time of Loss or Damage	
Location of Loss or Damage			
Description of Loss or Accident and Nature of Loss or Damage			
Date of Discovery of Loss or Damage		Time of Loss or Damage	
Discovery by Whom?			
Name of Person Responsible for the Loss or Damage			
Address of Person Responsible for the Loss or Damage			
Date Property was last seen by you		Time of Discovery of Loss or Damage	
Location where Property was last seen by you			
Is any part of the premises lent, let or sub-let or are receiving paying guests? If so, give details			
Is there any other insurance on the property? If yes, give details			
Do you own the property? If no, give name and address of the owner			
Name of Owner			
Address of Owner			

Particular of Claim					
Describe the Property Lost, Destroyed or Damaged	Where was it Bought	When was it Bought	Price Paid / Estimated Cost of Repair (SGD)	Value at the Time of Loss (SGD)	Amount Claimed (SGD)

Total Amount					

Documents Required for Claim Assessment	
<input type="checkbox"/>	Invoices / receipts showing date, price and place of purchase of the articles/property set out above
<input type="checkbox"/>	Colour photos showing the damaged property &/or CCTV footage showing circumstances of incident Post Mortem Report - if applicable
<input type="checkbox"/>	Technical report from repairer on the cause and extent of the damaged property
<input type="checkbox"/>	At least 2 quotations for repair / replacement of the lost or damaged property
<input type="checkbox"/>	Police Report - For Theft and Burglary
<input type="checkbox"/>	All correspondences exchanged between you and the negligent third party

Declaration	
1)	[Declaration] I/We declare that the information given in this form is true and correct to the best of my knowledge and belief.
2)	[Authorization] I/We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Etiqa Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.
3)	[Customer's Data Privacy Consent] 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.
<hr/> Date	<hr/> Signature of Insured Company's stamp (if applicable)