

Personal Mobility Claim Form

Policy No.	
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Details of Policy

Name of Insured	NRIC / PP No.	
Insurance Period		
Address		
Mobile No.		
Email		

Accident & Injury Claim Details

Date of Accident	Time of Accident	Location of Accident
Total Amount claimed		
Type of Accident	<input type="checkbox"/> Snatch Theft <input type="checkbox"/> Temporary Partial Disablement <input type="checkbox"/> Accidental Death <input type="checkbox"/> Outpatient Medical Expenses / In-Hospital Medical Expenses / Accidental Dental Expenses <input type="checkbox"/> Total Permanent Disablement <input type="checkbox"/> Ambulance Fee <input type="checkbox"/> Temporary Total Disablement <input type="checkbox"/> Others : _____	
Have you injured the same part before? (Yes / No)		
Is this your job related injury? (Yes / No)		
Description of Accident		
Description of Injury Sustained (e.g. body part injured, injury type)		
Have you made a claim against any other party in respect of this event? If yes, please provide: (Yes / No)		
Name of other party / Insurance company	Policy number/ reference number of other party/ Insurance company	

Documents Required for Claim Assessment

- Medical Certificates
- Original Final Hospital Bills / Medical Bills / Dental Bills / Ambulance Bills
- Medical Reports / Inpatient Discharge Summary - if any
- Police Report (for kidnap cases, validation of kidnap by police is required) / Accident Report – for traffic accident claim, etc.
- Death Certificate
- Birth Certificate / NRIC - if claimant is other than insured

Bicycle Incident Details

Type of Incident <small>(Underline)</small>	Bicycle Damage / Theft	Others (Please state)
Bicycle Brand		
Bicycle Model		
Bicycle Serial No.	Date and Time of Incident	Place

Please describe how did the accident happened

List your damaged items	Briefly describe the damage	Year purchased

Supporting Evidence

Please provide
 a) two (2) images showing the whole bicycle (left and right hand side images), and
 b) one (1) image of the bicycle's serial number. Once done, please submit as attachments with this form.
 c) close up shot/s of the damage part/s
 d) Police report (for theft incidents)

Was your bicycle secured by a lock at the time of the theft? Yes No
 If Yes, please provide details of the lock

Do you have the remains of the lock? Yes No
 Was your bicycle secured to an object at the time of the theft? Yes No
 If Yes, please provide details

Section E - Declaration

- I/We understand that my claim may be rejected if any relevant information given is later proven false or intentionally omitted by me/us. I/We solemnly declare that to the best of my/our knowledge and belief the foregoing particulars are true and correct in every aspect.
- 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.

 Owner's Signature