

Etiqa Insurance Pte. Ltd. (Company Reg. No. 201331905K)

One Raffles Quay #22-01 North Tower Singapore 048583 | T +65 6336 0477 | F +65 6339 2109 | www.etiqa.com.sg

Property Claim Form			
Policy No.		Intermediary	

Important Notice

- The policyholder and/or the claimant must truthfully declared the information and particulars to the best of your / their knowledge and belief. 1.
- The policyholder and/or the cialifiant must reducing accounted the initial part of the Company.

 The acceptance of this form is not in itself an admission of liability on the part of the Company.

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rendered void.		.,	ny fraudulent means							
The Insured										
Name of Insured					NRIC / PP	No.				
Residential Address										
Business Address										
Mobile No.			Residential Tel No.				Business Te	l No.		
Occupation / Business							Present Age			years
The Loss Or Damage	•									
Date property was last see	en (for loss only)					Time				
Date of first discovery of lo	oss / damage						·			
State full circumstances o	floss / damage									
A	th t - l t / d									No
Are you the sole owner of If NO, please give name a									Yes	∟ №
Is the property subject to a hire purchase or loan agreement?							No			
If YES, please give name and address of finance or lending company.										
Are there any other insurances covering the same property? Yes No						□ No				
If YES, please give name and address of insurance company, type of insurance, policy no. and sum insured.										
Have you ever sustained loss of a similar nature?						Yes	No			
Was a claim made upon any insurance company?					Yes	No				
If so, please give name, date, nature of loss and amount paid.										
Additional Question	s For Glass Brea	kage Cla	aims							
Size of broken glass pane										
Type of glass	of glass									
Stiuation (eg. door, window, showcase, etc)										
The Police										
Has the loss been reporte If YES, please give (a) nam		and time	report was made. (Pleas	e attach a co	pv of the re	port)			Yes	No



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Instructions Regarding Claims

The	insured must	promptly tal	ke all possible	e steps to trace of	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	Amoun Claime	
	·							
eipts showing dat form.	te, price of purchase shoul	d accompany		submitted. If th	e property is not	: 3 quotations sho t repairable, a lett be sent. All salva	er from	
ims Payout Instr	uction							
Ŋ								

* SMS notification will be sent to you once the payment is credited to your account.

Name of Bank and Branch	
Bank Account Number	
Name of Account Holder	
- D. Charus (Diagon note that proceeding and	marilian of Observe manuscrat many tales on to 2 weeks)

□ By Cheque (Please note that processing and mailing of Cheque payment may takes up to 3 weeks)

The	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.				
3)	[Direct Credit] I/We confirm that there had not been any change to my tax residency status or any circumstances which affects my/our tax residency status and undertake to provide Etiqa with a suitably updated self-certification and documentation otherwise.				
4)	[Direct Credit] Confirm that the payment information provided by me/us in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.				
5)	[Direct Credit] Notwithstanding the above, Etiqa Insurance Pte Ltd reserves the right to release payment to me/us by cheque if we are unable to payout the claim by direct credit.				

Date

Signature of Insured Company's stamp (if applicable)