

Property Claim Form			
Policy No.		Intermediary	

**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	years
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					
Stituation (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					

**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.			

## Claims Payout Instruction



**Get Paid Faster!**

By Direct Credit

\* 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

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

## 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. I/We understand that all information and supporting documents may be subject to review by Etiqa and Etiqa shall reserves all rights to reject any claims, recover any and all amounts, or to impose additional charges if for any reason any claim is found to be fraudulent. Etiqa shall also reserve the right to pursue any actions at law or in equity that it deems appropriate in dealing with such fraudulent activity.
- 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.

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Date

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Signature of Insured  
Company's stamp (if applicable)