

Fire Claim Form

Policy Number		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 Number		Residential Telephone Number		Business Telephone Number
Occupation			Present Age	

The Loss or Damage				
Property was last seen (for loss only)				
Date		Time		
Date of first discovery of loss or damage				
State full circumstances of loss or damage				
Are you the sole owner of the property lost or damaged? (Yes / No) If NO, please give name and address of the owner in below.				
Name of the owner				
Address of the owner				
Is the property subject to a hire purchase or loan agreement? (Yes / No) If NO, please give name and address of finance or lending company in below.				
Name of finance or lending company				
Address of finance or lending company				
Are there any other insurances covering the same property? (Yes / No) If YES, please give name and address of insurance company, type of insurance, policy no. and sum insured in below.				
Name of insurance company		Address of insurance company		
Type of insurance		Policy Number	Sum Insured	
Have you ever sustained loss of a similar nature? (Yes / No)				
Was a claim made upon any insurance company? (Yes / No) If YES, please give name, date, nature of loss and amount paid in below.				
Name		Date		
Nature of loss				
Amount paid				

Additional Questions For Glass Breakage Claims		
Size of broken glass pane	Type of glass	Situation (e.g. door, window, showcase etc.)

The Police				
Has the loss been reported to the police? (Yes / No)				
If YES, please give name of station, date and time report was made in below. (Please attach a copy of the report)				
Name of station		Date report was made		Time report was made

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	Where was it Bought	When was it Bought	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 the effect should be sent. All salvage must be retained.			

Documents Required for Claim Assessment
<input type="checkbox"/> Invoices / reports 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 <input type="checkbox"/> Technical report from repairer on the cause and extent of the damaged property <input type="checkbox"/> 3 quotations for repair / replacement of the loss or damaged property <input type="checkbox"/> Police report

Declaration	
<p>1) [Declaration] I/We declare that the information given in this form is true and correct to the best of my knowledge and belief.</p> <p>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.</p> <p>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.</p>	
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Signature of Insured Company's stamp (if applicable)</p>