

Homebliss Claim Form – Home Assistance Services

Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
- 3 All medical reports must be submitted at the claimant's expense before a claim can be admitted.
- 4 Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Agency _____

Policy / Certificate No _____

1. Insured/Claimant's Particulars

a. Name _____

b. Address _____

c. NRIC/Passport No _____ Occupation _____

Contact Number _____ Email address _____

2. Circumstances of Claim

Date: _____

Time: _____

Indicate type of Home Assistance Services you are claiming for:

- i) Emergency home assistance cover is limited to \$100.00 per event.
- ii) This service is provided by International SOS and such expenses will only be reimbursed upon authorisation and activation through International SOS.
- iii) Please submit all original bills / invoices to substantiate your claim. You should ensure that the service provider indicates the type of service rendered on the bill / invoice to avoid delay in processing your claim.

 Locksmith Assistance

Note: There is no cover under this section for situations where the insured is locked out of a bedroom within the insured dwelling.

 Plumbing Assistance

Note: This section shall exclude service rendered to rectify leaking water taps / water heaters / shower heads and water leaking from ceilings.

 Electrical Assistance

Note: This section shall not extend to failure or malfunction of electrical appliances like televisions, refrigerators, rice cookers, ovens, water heaters, etc.

 Air-conditioning Engineer Assistance

Note: This section shall not extend to an air-conditioning unit that is not cold or leaking because the said unit has not been serviced for six (6) months prior to the date of call.

 Pest Control Services

State Amount claimed _____

b. State clearly how the loss or damage occurred.

3. PAYMENT DETAILS (if claim falls within terms and conditions of the policy)

Please confirm payee name if claim is payable _____

Note: If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg

Signature

Date