



Are there any steps taken to prevent a recurrence? Please give details.

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Was the property occupied at the time of loss?

Yes  No, It was last occupied by \_\_\_\_\_ on \_\_\_\_\_

How was entry into the premises gained? \_\_\_\_\_

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Was there any sign/evidence of forcible and violent entry?  Yes  No

Give a description of the property insured and state clearly Nature and Extent of Loss or Damage. If insufficient space, please use a separate piece of paper.

Description (Make & Model)	Details of Damage/Loss	Date of Purchase	Purchase Price	Net claim amount
<b>TOTAL</b>				

When did you last see the property?

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Are you the sole owner of the property damaged or lost?  Yes  No.

If "No", please state particulars of any other parties' interests \_\_\_\_\_

Is the property subject to a hire purchase or loan agreement?  Yes  No

If "Yes", please furnish details. \_\_\_\_\_

In respect of Fire, burglary and Money losses: Please state whether there has been any alteration in the occupation or use of the property since the Policy was taken up?  Yes  No

If "Yes", please furnish details. \_\_\_\_\_

In respect of Money in Transit losses, please state: How long has the employee(s) involved in the loss been with the company?

If "Yes", please furnish details. \_\_\_\_\_

Have you previously sustained a loss under similar circumstances?  Yes  No

If "Yes", please furnish details. \_\_\_\_\_

**Payment Details (If Claim falls within the terms and conditions of the Policy)**

**If your claim is approved and you are registered with PayNow, the settlement will be made directly to your bank account. Otherwise, we will mail a cheque to the address provided by you.**

**Payee Name:** \_\_\_\_\_ **Payee NRIC:** \_\_\_\_\_

**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](http://www.sompo.com.sg).

\_\_\_\_\_  
Name & Signature of Claimant  
(Affix Company stamp if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
NRIC Number