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Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

HomeBliss Property Claim Form

Policy / Certificate No _____

Important Notice:

1 The acceptance of this form is NOT an admission of liability on the part of the Company.
2 The insured must state all information requested as fully and accurately as possible.
3 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
4 Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Personal Particulars of Policyholder / Claimant

Name of Policyholder (as in NRIC/FIN): Dr/Mr/Mrs/Ms _____

NRIC/FIN Number: _____ Date of Birth: _____

Correspondence Address: _____

_____

Email Address: _____ Mobile Number: _____

Contact Person / Contact Information

Are you a GST registered Company? ❑ No ❑ Yes, GST registration No. _____

Do you have other policies covering you in respect of this incident?

❑ No ❑ Yes. Please furnish details below:

_____

_____

Types of Claim

Note: Please complete only the section(s) which is relevant to your claim and tick ☑ where appropriate.

A. ❑Fire Damage ❑Water Damage ❑Accidental Damage ❑Accidental Loss ❑Burglary

❑Money ❑ Plate Glass

Supporting documents required include:

- Original bills/invoice to evidence payment.
- Police Report.
- Any other documents that can facilitate the assessment of the claim.

Date and Time of Incident: _____

Location of Incident: _____

State clearly how the loss or damage occurred.

_____

_____

_____

When did you receive notice/became aware of the loss or damage?
Please give details of the person reporting.

Date/Time: _____ Person Reporting: _____

Contact No.: _____ Designation: _____

State name of party responsible for the loss or damage if applicable or if your suspicions rest upon anyone.

Name: _____ Contact No. _____ Occupation: _____

Has a police report been made? ❑ No ❑ Yes. **Please provide a copy of the police report.**

The Police must be informed immediately if the property has been lost, stolen or maliciously damaged.

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

_____

_____

Was the property occupied at the time of loss?

❑ Yes ❑ No, It was last occupied by _____ on _____

How was entry into the premises gained? _____

_____

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
			TOTAL	

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.

_____ _____

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

Date

_____

NRIC Number