

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | www.sompo.com.sg 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.

ersonal Particulars of F	Policyholder / Claimant			
lame of Policyholder (as i	in NRIC/FIN): Dr/Mr/Mrs/Ms	s		
IRIC/FIN Number:			of Birth:	
Correspondence Address:	:			
Email Address:		Mobile	e Number:	
Contact Person / Contact	Information			
re you a GST registered	Company? ☐ No ☐ Yes	s, GST registra	ation No.	
o you have other policies	s covering you in respect of th	is incident?		
□ No □ Yes. Please fur				
INO I Tes. Flease lui	mish details below.			
_				
ypes of Claim				
lote: Please complete only the	e section(s) which is relevant to you			
A. □Fire Damage □\	Water Damage □Acciden	ntal Damage	□Accidental Loss	□Burglary
□Money □	Plate Glass			
Supporting documents require Original bills/invoice to ev Police Report.	vidence payment.			
Any other documents tha Date and Time of Incident:	at can facilitate the assessment of 	the claim.		
State clearly how the loss	or damage occurred.			
When did you receive noti Please give details of the	tice/became aware of the loss person reporting.	or damage?		
Date/Time:	Person Reporting:			
Contact No.:	1	Designation:		
State name of party resp	ponsible for the loss or damag	e if applicable	or if your suspicions re	st upon anyone.
Name:	Contact No.		Occupation	n:

Are there any steps taken to prevent a recurrence? Please give details.					
Was the property occupied at t	the time of loss?				
☐ Yes ☐ No, It was last occup	oied by on				
How was entry into the premis	es gained?				
Was there any sign/evidence of	of forcible and violent entry? ☐ Yes ☐ No)			
Give a description of the propospace, please use a separate	erty insured and state clearly Nature and	Extent of Los	s or Damage.	If insufficient	
Description (Make & Model)	Details of Damage/Loss	Date of Purchase	Purchase Price	Net claim amount	
(Make & Model)		Fulcilase	FIICE	amount	
			TOTAL		
			TOTAL		
When did you last see the prope	rty?				
Place:	Date:	Time:			
Are you the sole owner of the pr	operty damaged or lost? ☐ Yes ☐ No.				
If "No", please state particulars of	of any other parties' interests				
Is the property subject to a hire	ourchase or loan agreement? ☐ Yes ☐ N				
	Money losses: Please state whether there Policy was taken up? ☐ Yes ☐ No	e has been an	y alteration in	the occupation	
If "Yes", please furnish details.					
	sses, please state: How long has the em				
If "Yes", please furnish details.					
Have you previously sustained a	a loss under similar circumstances? 🛘 Ye	s 🗆 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 list	ed in the policy please provide a Letter of Authorisation.					
Declaration						
in any further declaration in respect of this claim, made a state any material fact whatsoever my claim may be re-	accurate and complete and I understand that if I have in this or ny false or fraudulent statement or suppress conceal or falsely fused. We/I undertake to advise the Company promptly of all der every assistance in dealing with the matter. I/We further rm as my/our making a claim under my/our policy.					
relation to this policy) that Sompo may collect, use, dis policy, personal data of individuals in relation to this poli for the purposes and uses described in Sompo's Privacto this insurance policy, screening activities in acc	represent that I have obtained the consent of the individuals in close and/or process my personal data (in case of corporate cy) in accordance with the Personal Data Protection Act 2012 y Policy (including the provision of protection, services related ordance with legal/regulatory obligations/risk management usiness partners, intermediaries, third party service providers e found at www.sompo.com.sg .					
Name & Signature of Claimant	Date					
(Affix Company stamp if applicable)						
NRIC Number						