

Home Insurance Property Claim Form

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.

Agency _____ Policy No _____

Have you notified us of this claim earlier? Yes No by email / telephone call to _____

Please state any reference number assigned to you earlier: Claim no / Temporary ref no _____

INSURED'S PARTICULARS

- a. Name of Insured (as in NRIC/FIN/UEN): _____
- b. NRIC/FIN No: _____ Date of Birth: _____
- c. Address: _____
- d. Contact Nos: (Res): _____ (HP): _____
- e. Email address: _____
- f. Contact Person / Contact information: _____
- g. Are you a GST registered Company? Yes No If yes, GST registration No _____
- h. Do you have other policies covering you in respect of this incident? Yes No If yes, please give details.

TYPES OF CLAIM

- a. Nature of loss or damage (please tick where appropriate)
Fire Water Damage Accidental Damage Burglary Money Plate Glass Accidental Loss

Supporting documents required include:

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

- b. Date & Time of Incident: _____
- c. Location: _____
- d. State clearly how the accident occurred. Please provide copy of police report if applicable.

- e. 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: _____

f. State name of party responsible for the loss or damage if applicable or if your suspicions rest upon anyone.
 Name: _____ Contact No: _____ Occupation: _____

g. Has a police report been made? Yes No

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

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

i. Was the property occupied at the time of loss? Yes No
 If No, when was it last occupied and by who? _____

j. How was entry into premises gained? _____

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

k. Give a description of the property insured and state clearly Nature and Extent of Loss or Damage. If insufficient space, use space at the back of the form.

Description (Make & Model)	Details of Damage/Loss	Date purchased	Purchase price	Net claim amount
TOTAL				

l. Are you the sole owner of the property damaged or lost? Yes No
 If not, please state particulars of any other parties' interests.

m. Is the property subject to a hire purchase or loan agreement? Yes No
 If yes, please give details. _____

n. Have you previously sustained a loss under similar circumstances? Yes No
 If yes, please give details _____

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

If your claim is approved and you are registered with PayNow (by NRIC), 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

Signature of Claimant
(Affix Company stamp if applicable)

Date