

Motor Loss of Use Benefits Claim Form

Important Notice

The acceptance of this form is NOT an admission of liability on the part of the Company.

Procedure for submitting a Loss of Use Claim

- 1) Check your policy to ascertain whether you are entitled to Loss of Use (LOU) Benefits. If you are claiming or have already claimed against a third party for LOU benefits you will not be entitled to claim under the policy.
- 2) LOU benefits will be paid based on the number of days of repair as recommended by the Company's authorised surveyors, where repair period exceeds 3 days and is subject to a maximum of days stated in the Policy.

Agency _____ Policy / Certificate No _____

1. Insured's Details

- a. Name Dr / Mr / Mrs / Ms _____
- b. Address _____
- c. NRIC / Passport Number _____ Date of Birth _____
- d. Business / Occupation _____ Contact Number _____

2. Vehicle & Accident Details

- a. Vehicle number _____ Accident Date _____ Time _____
- b. Name of workshop repairing your vehicle _____
- c. Date vehicle collected _____ Was replacement car provided? ☐ Yes ☐ No

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.

Insured's Signature _____

Date _____