

## 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
- 3 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
- 4 All medical reports must be submitted at the claimant's expense before a claim can be admitted.
- 5 Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Agency \_\_\_\_\_ Policy / Certificate No \_\_\_\_\_

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

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

**1. INSURED'S PARTICULARS**

- a. Name of Insured \_\_\_\_\_
- b. Address \_\_\_\_\_
- c. Contact Nos. (Res) \_\_\_\_\_ (Off) \_\_\_\_\_ (HP) \_\_\_\_\_
- d. Fax \_\_\_\_\_ Email address \_\_\_\_\_
- e. Contact Person / Contact information \_\_\_\_\_
- f. Are you a GST registered Company?  Yes  No If yes, GST registration No \_\_\_\_\_
- g. Do you have other policies covering you in respect of this incident?  Yes  No If yes, please give details.  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. PARTICULARS OF ACCIDENT**

- a. Nature of loss or damage (please circle the correct peril)  
 Fire / Water Damage / Accidental Damage / Burglary / Money / Plate Glass / Accidental Loss
- b. Date: \_\_\_\_\_ Time: \_\_\_\_\_ c. Location \_\_\_\_\_
- d. 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 : \_\_\_\_\_
- e. State name of party responsible for the loss or damage if applicable or if your suspicions rest upon anyone.  
 Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Occupation: \_\_\_\_\_
- f. Has a police report been made? Yes  No   
 The Police must be informed immediately if the property has been lost, stolen or maliciously damaged.
- g. State clearly how the accident occurred. **Please provide copy of police report if applicable.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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**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?

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**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.** When did you last see the property? Place: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

If not, please state particulars of any other parties' interests.

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

If yes, please give details. \_\_\_\_\_

**o.** 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 give details \_\_\_\_\_

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

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

If yes, please give details. \_\_\_\_\_

## 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)

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Signature of Claimant  
(Affix Company stamp if applicable)

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Date