

## Property/Fire Claim Form

The acceptance of this Form is NOT an admission of liability on the part of HL Assurance Pte. Ltd.. Any documentary proof or report required by HL Assurance Pte. Ltd. shall be furnished at the expense of the Policyholder or Claimant.

PARTICULARS OF POLICYHOLDER / INSURED						
Name	Insurance Policy No.		Period of Insurance			
	Tel No.		H/P No.			
	E-mail		Name of Intermediary (if any)			
Address	NRIC/Passport No. Is your company GST registered?		Business / Occupation			
			UEN/GST Registration No. (if any)			
DETAILS OF LOSS OR OCCURRENCE						
Nature of loss / damage (e.g. Fire / Water Damage / Burglary / Plate Glass / Machinery Breakdown / Errors & Omissions) Explain fully how did the loss / damage occur		Country of occurrence:  Singapore  Malaysia  Others:				
		Place of loss or occurrence				
		State name and address of the person responsible for the loss / damage				
		Date of loss		Time of loss		
		On when and by whom was the loss discovered		Relationship to Policyholder		
		Name & Address of any witnesses of the Incident		NRIC/Passport No.		
				Contact No.		
ADDITIONAL DETAILS FOR GLASS BREAKAGE CLAIMS						
Dimensions of broken glass						
Type of glass						
Situation (e.g. Window, door, showcase etc.)						

HL Assurance Pte. Ltd. A Member of the Hong Leong Group

11 Keppel Road, #11-01 ABI Plaza, Singapore 089057 Tel: 65 6922 6030 Fax: 65 6221 3782 UEN/GST Regn No. 201229558W WWW.hlas.com.sg Ver 1.1

POLICE REPORT						
Were particulars of loss or particulars taken by or reported to the Police?	lf yes, (a) Plea	s, (a) Please specify name of Police Station:				
□ Yes □ No	(b) Attach a copy Police Report/Statement.					
	N.B. The Police	must be informe	d immediately	if the property has bee	n lost or maliciou	isly damaged.
DETA		PERTY DES		OR DAMAGED		
<ul> <li>Please note:</li> <li>Property damaged, lost or stolen is to be described in detail.</li> <li>Invoices / Receipts showing date, price, and place of purchase of the articles set out below should accompany this form.</li> <li>A set of colour photographs depicting the damage and/or CCTV footage showing circumstances of incident are to be submitted to us.</li> <li>Police Report and/or Incident Report are to be submitted to us.</li> <li>Assessment report from the repairer on the cause and extent of the damaged property is to be submitted to us.</li> <li>At least 2 quotations for repair / replacement of the lost or damaged property are to be submitted to us. If the property is not repairable, a letter from repairers to that effect should be forwarded. All salvage must be retained.</li> <li>The insured must promptly take all possible steps to trace/recover the property lost and in the case of theft to discover and punish the guilty party / parties.</li> <li>Policyholder/Insured has a duty to take immediate action to mitigate loss by taking necessary measures to minimize and present further loss or damage.</li> </ul>						
DESCRIPTION OF PROPERTY LOST OR DAMAGED	QUANTITY	ORIGINAL PURCHASE PRICE	WHERE AND WHEN BOUGHT	VALUE AT TIME OF LOSS AFTER DEDUCTION FOR WEAR AND TEAR	DEDUCTION FOR VALUE OF SALVAGE	AMOUNT TO BE CLAIMED
(Please use supplementary sheet if necessary)						
					TOTAL	
Did you remove or save any property immediately before or during the occurrence?       If yes, how much and where is it located now?         □ Yes       □ No						
Are you the sole owner of the property/ar lost or damaged? Yes INo	lf no, please state name, address & relationship					
Name of Third Party	DETAILS OF THIRD PARTY (IF ANY)           Brief Description of Nature & Extent of Damage / Injury					
Address of Third Party	Commer	Comments (if any)				

ANY OTHER INSURANCES					
Are there any other Policies of insurance in force covering you in respect of this event?					□ No
If yes, please specify below:					
INSURANCE CO & POLICY NO(S)	POLICY PERIOD	KIND OF COVE	RAGE	SUM INSURED	
CLAIMS HISTORY					
Have you or any insured person previously sustained loss/damage or caused damage/injury to third parties?					
If yes, please specify below:					
NAME OF INSURER	CLAIM NO.	DATE OF LOSS	NATURE	OF LOSS	AMOUNT PAID
(Please use supplementary sheet if necessary)					

BANK ACCOUNT DETAILS			
Name of Account Holder (as per bank account)	Bank Code		
Bank Name	Branch Code		
Bank Account No.	Swift Code		

\* Important Notice: The Company shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing the Company with an inaccurate bank account number under this section for the payment of this claim.

\*I/We do solemnly and sincerely declare that the information given is true and correct to the best of my/our knowledge and belief. \*I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the Policy void and we shall forfeit our rights to claim under the Policy.

## PERSONAL DATA

In addition to the declaration and authorisation provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate, admit, process and/or administer my/our claims. These purposes are set out in HL Assurance Pte Ltd Privacy Statement, which is assessable at: <a href="https://www.hlas.com.sg/PolicyOnPersonalData.aspx">https://www.hlas.com.sg/PolicyOnPersonalData.aspx</a> and which I/we confirm I/we have read and understood.

Name of Policyholder/Insured \_\_\_\_\_

Signature of Policyholder/Insured

(Please affix company stamp if applicable)

Date \_

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