

## Home / Mortgage 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 Insured.

PARTICULARS OF POLICYHOLDER / INSURED			
Name & Address	Policy No.	Period of Insurance	
	Tel. No. (Office)	Tel. No. (Residence/H/P)	
	E-mail (Office)	E-mail (Personal)	
	Is your company GST registered?  UEN / GST Registration No. (if any)	Date of Birth Business / Occupation Nationality NRIC / Passport No. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
DETAILS OF INCIDENT / LOSS			
Description of the Incident / Loss	Country of occurrence: <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others _____		
	Place of incident / loss		
	Date of incident / loss	Time of incident / Loss	
	On when and by whom was the loss/damage discovered	Relationship to Policyholder	
	Name & Address of any witnesses of the incident /loss	NRIC / Passport No.	
		Contact No.	
POLICE REPORT			
Were particulars of loss or particulars taken by or reported to the Police <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, (a) Please specify name of Police Station:  (b) Attach a copy Police Report/Statement.  N.B. The Police must be informed immediately if the property has been lost or maliciously damaged		

## DETAILS OF PROPERTY DESTROYED OR DAMAGED

Please note:

- 1) Property damaged, lost or stolen is to be described in detail.
- 2) Invoices/Receipts showing date, price, and place of purchase of the articles set out below should accompany this form.
- 3) A set of colour photographs depicting the damage and/or CCTV footage showing circumstances of incident are to be submitted to us.
- 4) Police Report and/or Incident Report are to be submitted to us.
- 5) Assessment report from the repairer on the cause and extent of the damaged property is to be submitted to us.
- 6) 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.
- 7) 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.
- 8) Policyholder/Insured has a duty to take immediate action to mitigate loss by taking necessary measures to minimize and prevent further loss or damage..

DESCRIPTION OF PROPERTY LOST OR DAMAGED <small>(Please use supplementary sheet if necessary)</small>	QUANTITY	ORIGINAL PURCHASE PRICE	PURCHASE DATE	VALUE AT TIME OF LOSS AFTER DEDUCTION FOR WEAR AND TEAR	DEDUCTION FOR VALUE OF SALVAGE	AMOUNT TO BE CLAIMED

**TOTAL AMOUNT CLAIMED**

Did you remove or save any property immediately before or during the occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much and where is it located now?
Are you the sole owner of the property/article lost or damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please state name, address & relationship.

### LEGAL LIABILITY

#### 1. DETAILS OF ALL PERSONS INJURED

NAME / ADDRESS / CONTACT NO. OF PERSON INJURED	NATURE OF INJURIES / REMARKS	AGE	RELATIONSHIP	OCCUPATION
<small>(Please use supplementary sheet if necessary)</small>				

#### 2. DETAILS OF PROPERTIES DAMAGED

NAME / ADDRESS / CONTACT NO. OF OWNER OF THE PROPERTY DAMAGED	NAME & EXTENT OF PROPERTY DAMAGED	APPROXIMATE VALUE OF PROPERTY DAMAGED	ESTIMATED COST OF REPAIRS TO VERIFY THE PROPERTY DAMAGED	RELATIONSHIP
<small>(Please use supplementary sheet if necessary)</small>				

Has any claim been made upon you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state details & attach with this form all communications received from third party claimant(s):
	Have you admitted responsibility in any way? If yes, please state the reason(s) for doing so.

### ANY OTHER INSURANCE

Are there any other Policies of insurance in force covering you in respect of this event?  Yes     No Ver 1.1

**If yes**, please specify below:

INSURANCE CO & POLICY NO(S)	POLICY PERIOD	KIND OF COVERAGE	COMPENSATION AMOUNT
(Please use supplementary sheet if necessary)			

### CLAIMS HISTORY

Have you or any insured person previously sustained loss/damage or caused damage/injury to third parties?  Yes     No

**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 provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents in 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 accessible at: <https://www.hlas.com.sg/PolicyOnPersonalData.aspx> 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 \_\_\_\_\_