

## Property Claim Form

<b>Policy Number</b>	
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Please note that this form is issued without admission of liability. Please state all relevant information requested as complete and as accurate as possible.

### Particulars of Insured (Company / Individual)

Name of Insured (As in NRIC/Passport)+			GST Registration Number+
Business / Home Address*			Effective Date of Registration+ (dd/mm/yyyy)
Contact Person+			Business / Occupation
Contact Number (H)	(O)	(HP)	Email
+ If applicable * Delete if not applicable			

### Details of Occurrence

Date of Occurrence (dd/mm/yyyy)	Time of Occurrence <input type="checkbox"/> am <input type="checkbox"/> pm	Place of Occurrence
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Nature of loss / damage (eg Fire / Water Damage / Loss / Burglary / Money / Plate Glass)

State fully what happened

By whom was the item last seen and where?

Please provide particulars of person(s) responsible for the loss / damage

If a Police Report was made, please state Name of Police Station and Report Number

### LOSS OF MONEY

Where were the cash kept?

Were the cash locked?  Yes  No

If the cash were lost in transit, please state whether the cash were being  conveyed to the Bank  conveyed from the Bank  
 Please state name of employee(s) who was conveying the cash:

What is the total value of cash lost?

### DETAILS OF PROPERTY LOST OR DAMAGED

Description of lost / damaged property	Date & Place of purchase	Purchase price	Estimated cost of repair or replacement	Deduction for age, use and/or wear & tear or value of salvage	Amount Claimed

**Other Information**

Do you own the property?  Yes  No  
 If No, please give Name and Address of the Owner:

Is there any Tenancy Agreement in force?  Yes  No  
 If Yes, please provide a copy of the Tenancy Agreement

Are you responsible by agreement for the property?  Yes  No  
 If Yes, please provide a copy of the Agreement

State the nature of the occupancy of the premises:

Were the premises occupied at the time of occurrence?  Yes  No  
 If No, when was it last occupied?

How was entry into premises gained? Were there any signs or evidence of forcible and violent entry?

If the premises were not forcibly entered, what evidence is there of theft having been committed?

What are the preventive measures taken after the loss?

Have you previously sustained a loss under similar circumstances?  Yes  No  
 If Yes, please give details:

**OTHER INSURANCE OR COMPENSATION**

Is there other insurance covering the property?  Yes  No  
 If Yes, please state Name of Insurance Company and Policy Number:

**Supporting Documents**

- |   |   |
|---|---|
| 1. Photographs of the damaged property                                | 4. Assessment Report from repairer on the cause and extent of damages |
| 2. Invoices / purchase receipts of damaged / lost property            | 5. Accounting records of money lost                                   |
| 3. Quotations of repair or replacement of the damaged / lost property | 6. Police Report, if applicable                                       |

**Declaration**

I/We 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 I/we shall forfeit my/our rights to claim under the policy.

Please make the cheque payable to \_\_\_\_\_

.....  
 Signature of Insured

.....  
 Company's Stamp (if applicable)

.....  
 Name

.....  
 Date