



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Claim Hotline: (65) 6827 7660 (24 hours)
Claim Email: claims@sg.msig-asia.com
Co.Reg. No.200412212G

Property Claim Form

Policy Number

Please note that this form is issued without admission of liability. Please state all relevant information requested as completely and as accurately 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 am pm	Place of Occurrence
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 Please state name of employee(s) who was conveying the cash:	conveyed to the Bank	conveyed from the Bank
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? If No, please give Name and Address of the Owner:		Yes	No
Is there any Tenancy Agreement in force? If Yes, please provide a copy of the Tenancy Agreement		Yes	No
Are you responsible by agreement for the property? If Yes, please provide a copy of the Agreement		Yes	No
State the nature of the occupancy of the premises:			
Were the premises occupied at the time of occurrence? If No, when was it last occupied?		Yes	No
How was entry into the 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? If Yes, please give details:		Yes	No
OTHER INSURANCE OR COMPENSATION			
Is there other insurance covering the property? If Yes, please state the Name of Insurance Company and Policy Number:		Yes	No
Supporting Documents			
1. Photographs of the damaged property		4. Assesment Report from repairer on the cause and extent of damages	
2. Invoices/ purchase receipt of damaged / lost property		5. Accounting records of money lost	
3. Quotations of repair or replacement of the damaged property		6. Police Report, if applicable	
Mode of Payment (if applicable)			
My preferred way to receive payment is:			
<input type="checkbox"/> PayNow			
Name of Account Holder		NRIC / FIN / UEN Number	
<input type="checkbox"/> Credit to my Bank Account			
Name of Account Holder (as in Bank Account)		NRIC / FIN / UEN Number	
Bank Name	Bank Code	Branch Code	Bank Account Number (Please key in numbers only and omit any dashes '-')
<input type="checkbox"/> By Cheque			
Name of Payee			

Declaration

Please note that you are submitting this claim to MSIG Insurance (Singapore) Pte. Ltd. Please see our full Terms of Use and Privacy & Cookies Policy on our website www.msig.com.sg.

By submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim. We may also share your personal data with other Insurers and the General Insurance Association of Singapore (as well as their Third Party service providers) as part of the industry's efforts for proper underwriting and proper administration of claims. This may include sharing the personal data for investigating fraud, exaggerated claims, and other criminal or improper acts.

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 the Insurer may refuse to pay the claim.

Signature of Insured

Company's Stamp (If applicable)

Name

Date