MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01 SGX Centre 2 Singapore 068807
Claim Enquiry: (65) 6827 7660 / claims@sg.msig-asia.com
Claim Notification: claimsnotification@sg.msig-asia.com
A Member of MS&AD INSURANCE GROUP

Financial Lines 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	GST Registration Number+
Address	Effective Date of Registration+ (dd/mm/yyyy)
Contact Person	Type of Business
Contact Number (H) (O) (HP)	Email

+ If applicable

Details of Incident

1. Date of incident out of which a claim has been made or might be made against the Insured (please attach documentation).
2. On what date or between what dates when the Insured first became aware there existed a set of circumstances which may result in a claim being made against Insured.
3. Date when the Insured first received notice of intention of any party to make a claim against them.
4. Name of the Insured Person(s) who is/are the subject of the claim or potential claim.
5. Name and contact details of (potential) claimant(s) who have or may make a claim against the Insured.
6. Please provide details of the facts or circumstances and/or allegations giving rise to this notification.
   (Please attach documentation which will enable MSIG to understand the Nature of the claim against the Insured).
7. Please provide your estimate and breakdown of possible damages or the potential amount of any claim.
8. Have you conducted any internal investigations / police/ regulatory authorities' enquiries conducted? ☐ Yes ☐ No
   If "Yes", please provide copies of relevant reports of enquiries along with correspondence exchanged number.
9. Have you made any admission of liability or responsibility? ☐ Yes ☐ No
   If "Yes", please provide details.
10. Have you obtained any legal or other advice about the claim against you? ☐ Yes ☐ No
    IIf "Yes", please provide details. Please note that legal and other defence costs require MSIG's prior approval and we have the right to appoint our choice of legal representative.
11. Is there any other insurance covering this incident? ☐ Yes ☐ No
    If "Yes", please provide name of insurance company and policy number.
12. Any other information that may help you substantiate your claim further to MSIG?

Mode of Payment (if applicable)

My preferred way to receive payment is:

☐ PayNow

Name of Account Holder	NRIC / FIN / UEN Number

☐ 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 '-')**

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.

We declare that the information given is true and correct to the best of our knowledge and belief. 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 or person with authority to sign on behalf of the Insured

Company's Stamp

Name and Designation

Date (dd/mm/yyyy)