

Property

CLAIM FORM

Policy Number

SECTION A: COMPANY DETAILS

Name of your Company	<input type="text"/>		
Address of your Company	<input type="text"/>		
Contact Number	<input type="text"/>	Email Address	<input type="text"/>
Company/Business GST Registration Number	<input type="text"/>		

SECTION B: DETAILS OF LOSS/OCCURENCE

Date and Time of Loss/Occurrence Place of Loss/Occurrence

Describe the full details of the Loss/Occurrence.

When did you receive notice of the loss or damage? By whom?

Have you lodged a Police Report or to any Authorities on this incident? If yes, please provide us with a copy of the report.

Were there witnesses to the incident? If yes, please provide the Name, Address, Mobile Number, Email.

Do you hold any other insurance under which a claim for the incident may be made? If yes, please state the Name of the Insurance Company, Policy Number and the Type of Insurance.

Have you previously sustained a loss under similar incident? If yes, please give the full details of the claim.

Was the premises occupied at the time of the Occurrence? If no, when was it last occupied?

Was your premises broken into? Were there signs or evidence of forcible and violent entry?

Are you suspicious of any parties involved in this incident? If yes, please provide details and the party's personal particulars.

SECTION C: BUSINESS INTERRUPTION (Complete this section if applicable)

What is the nature of the business interruption? Please provide in detail.

The date and number of days which the business was interrupted?

Please indicate the estimated amount of loss

Loss of Income/Rents	S\$
Other Additional Costs	S\$

SECTION D: LOSS OR DAMAGE TO PROPERTY (Complete this section if the loss was for property damage or loss)

Are you the only occupier of your premises? If no, please provide details.

Is there any Tenancy Agreement in force? If yes, please provide us with a copy of the Tenancy Agreement.
Name of person who last saw the item and when was it last seen.

Who is responsible for the loss/damage and why? Please provide the name and contact number of the parties and the reason for your statement.

Have you made a claim upon the person responsible for the loss or damage?
Is the property subject to a hire purchase or loan agreement? If yes, please provide details.

Are there measures taken to prevent a recurrence? Please state the measures.

Description of items lost or damaged						
Describe fully each item loss/damaged	Owner of the item	Date & Place of purchase	Original Purchase Price	Estimated cost of repairs or value at the time of loss after deduction of wear and tear	Deduction for Value of Salvage	Amount Claimed (S\$)

SECTION E: LOSS OF MONEY (Complete this section if the claim was for loss of money)

Where was the money kept?

Was the money locked?

Was the premises securely locked?

If the money was lost in transit, please state the place/location from the start to the end of the journey.

Was there a diversion from the journey mentioned above? If yes, please provide details.

Please state the name of the employee(s) who was conveying or managing the money.

How long has the employee involved in the loss been with the company?

What is the total value of money lost?

SECTION F: FIDELITY GUARANTEE (Complete this section if the claim was for fidelity guarantee)

Name of the Employee	<input type="text"/>		
Contact Number	<input type="text"/>	Date of Employment	<input type="text"/>
The final amount of default	<input type="text"/>	Date of discovery and by whom?	<input type="text"/>

Date Employee first committed the act of fraud. If there is more than one occasion, please provide the respective dates of such acts of fraud or dishonesty.

By what method and in what circumstances were the acts of the fraud or dishonesty committed?

Does the Employee agree with the amount of the deficiency?

Was the Employee under supervision by senior staff? If so, please obtain a written statement from the supervisor on the procedure set in place.

Has the Employee previously committed of similar fraud? If yes, please provide details.

Was there any money or property in your custody that is due to or belonged to the Employee?

Are you still in contact with the Employee? If yes, please advise the whereabouts of the Employee.

Have you informed parties who the Employee was in business contact with in your firm that he/she no longer has the authority to represent you? If no, please proceed to do so and acknowledge that it has been done.

SECTION G: DOCUMENTS REQUIRED TO SUPPORT YOUR CLAIM

1. Photographs depicting the damage of the property.
2. CCTV footage depicting the circumstances of the incident.
3. A copy of the Police Report/Police Investigation result, SCDF Report or internal Investigation Report.
4. At least 2 quotations for the repair/replacement of the damaged items.
5. Assessment report from the repairer on the underlying cause and extent of the damaged item.
6. Receipts showing date, price, and place of purchase of the items.
7. Accounting records of money lost.
8. Letter of Employment and Termination (for fidelity guarantee's claim).
9. All other relevant documents which are relevant to support the claim.

SECTION H: DECLARATION AND AUTHORISATION

I/We declare that the information provided is, to the best of my knowledge, correct in every detail. I agree that if I/We have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

I hereby authorise any hospital physician, other person, who has attended or examined me, to furnish Singapore Life Ltd., or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

Date

Name of the Authorised Person of Insured

Signature of the Authorised Person of Insured & Company Stamp

Please send completed and signed physical form with any receipts and documents to support your claim to:

General Insurance Claims
Singapore Life Ltd.
4 Shenton Way
#01 - 01 SGX Centre 2
Singapore 068807

Note: The acceptance of this form is NOT an admission of liability on the part of Singapore Life Ltd.
If there are no original receipts requirement, you can send via email to gi_claims@singlife.com.