

Home Contents 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 Claimant.

A. 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	
B. DETAILS OF THE INCIDENT / LOSS			
Description of the Incident / Loss	Country: <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others: _____		
	Place of Incident / Loss		
	Date of Incident / Loss	Time of Incident / Loss	
	When and Who discovered the Incident / Loss	Relationship to Policyholder	
	Name & Address of any witnesses of the Incident / Loss	NRIC/Passport No.	
		Contact No.	
C. POLICE REPORT			
Please Note: 1) The Police must be informed immediately if the property has been lost or maliciously damaged. 2) To enclose a copy of the Police Report / Statement			
Were particulars of loss or particulars taken by or reported to the Police <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify Name of Police Station:		

D. 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) The insured must promptly take all possible steps to trace/recover the property lost.
- 4) In the case of damaged property, an estimate for repair should be submitted. If the property is not repairable, a letter from repairers to that effect should be forwarded. All salvage must be retained.
- 5) A set of photograph depicting the damage is to be submitted to us.

DESCRIPTION OF PROPERTY LOST OR DAMAGED <i>(Please use supplementary sheet if necessary)</i>	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.

E. LEGAL LIABILITY**1. DETAILS OF ALL PERSONS INJURED** *(Please use supplementary sheet if necessary)*

NAME/ADDRESS/CONTACT NO. OF PERSON INJURED	NATURE OF INJURIES/REMARKS	AGE	RELATIONSHIP	OCCUPATION

2. DETAILS OF PROPERTIES DAMAGED *(Please use supplementary sheet if necessary)*

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

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.

F. OTHERS (Please specify details of any claim other than Sections D & E)**DETAILS OF CLAIM** *(Please use supplementary sheet if necessary)***AMOUNT TO BE CLAIMED**

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G. ANY OTHER INSURANCES

Are there any other Policies of insurance in force covering you in respect of this event?

 Yes No**If yes**, please specify below:

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

H. CLAIMS HISTORY *(Please use supplementary sheet if necessary)*

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
<i>(Please use supplementary sheet if necessary)</i>				

*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.

Name of Policyholder/Insured _____

Signature of Policyholder/Insured _____

(Please affix company stamp if applicable)

Date _____