

# Allianz Insurance Company of Singapore Pte Ltd

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Company's Registration No. 199000540G



## GENERAL INSURANCE CLAIM FORM

### IMPORTANT NOTICE

The acceptance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

<b>PARTICULARS OF INSURED</b>	
Name of Insured	NRIC/Passport No.
Policy Number	Contact Person/Telephone No.
Occupation/Business	Are you GST registered at the commencement of the Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Postal Address	

### AN ANSWER IS REQUIRED TO EACH OF THE FOLLOWING QUESTIONS

1. What was the nature of the Occurrence (e.g. "Fire") and when did it take place?	Nature of occurrence : _____ Date of occurrence : _____ Time of occurrence : _____
2. Where did the Occurrence take place (address)?	
3. For what purposes were the Premises being used at the date of Occurrence?	
4. Describe briefly what happened and the resultant damage and state what you believe caused it to happen.	
5. State name and address of person responsible for the loss or damage.	
6. Was any element of risk introduced during the period of Insurance which increases the nature of the risk under the policy? If yes, provide details.	
7. Is the claimant the sole owner of the Property damaged or destroyed? If no, state full particulars of any other interest.	
8a. State whether the Property was stolen, lost or damaged.	
b. If stolen, do your suspicions rest on anyone, and if yes, whom?	
c. Date, time and place the Property was last seen and by whom?	
d. Date and time the loss or damage was first discovered and by whom?	

<p>9. If claim is in respect of Jewellery, when was the Property last over-hauled by a Jeweller? Provide name and address of firm</p>	
<p>10. Have you taken any other steps to recover the lost Property? If yes, how?</p>	
<p>11. Provide dates of any previous claims of a similar nature you have made in connection with these or any other premises, and state the amount of the loss. If none, please write "None".</p>	
<p>12. If the Property was stolen or lost, provide the date the Police was advised, the name of station and a copy of the report made to the Police. (In all such cases the Police must be advised promptly.)</p>	
<p>13. Were there, at the time of Occurrence, any other existing Insurances on the said Property with any other Company or Insurer whether effected by the claimant or by any other person? If yes, state full particulars. If no, please write "No".</p>	
<p>14. Was there any eye witness(s)? If Yes, please state the Name, NRIC/Passport No., Address and Contact No.</p>	
<p>15. Are there any steps taken to prevent a recurrence? If Yes, provide details.</p>	

I/We do hereby declare that the above is a full, true and accurate statement, and I/we further declare that the articles mentioned overleaf, being my/our Property, and insured under the above-named Policy or Policies, were destroyed or damaged by the stated Occurrence according to the extent and values detailed overleaf.

Date: \_\_\_\_\_ Signature of Insured (with Company Stamp) : \_\_\_\_\_

Designation: \_\_\_\_\_ Name: \_\_\_\_\_ NRIC/Passport No.: \_\_\_\_\_

