



Allianz Insurance Singapore Pte. Ltd.

## CLAIM FORM

ALLIANZ CYBER PROTECT

### THE POLICYHOLDER/CLAIMANT IS REQUESTED TO NOTE

- (a) Before submitting details of loss or damage, the Policyholder/Claimant is requested to read the Terms & Conditions of the policy.
- (b) This form must be filled out and delivered to the Company by email, together with proof of value, loss or damage, as soon as possible.
- (c) The Policyholder/Claimant must promptly take all practicable steps, including lodging a police report and providing a copy of the report to the Company when required.
- (d) Please state all relevant information requested in this claim form as completely and accurately as possible, together with the supporting documents required. Any documents or reports required to process this claim shall be furnished at the expense of the Policyholder/Claimant.
- (e) If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under the policy, the claim may be declined and all benefits under the policy may be forfeited.
- (f) Providing false or misleading information in a claim form can result in the denial of the claim, cancellation of the policy, and potential legal action against the claimant
- (g) The issuance or acceptance of this form is not an admission of liability by the Company.

### SECTION I: POLICYHOLDER INFORMATION

Policy No:	Name of Policyholder: (As per NRIC/FIN/Passport)			
NRIC/FIN/Passport No:	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Occupation:
Contact Details: (Mobile)	(Home)	(Email)		
Correspondence Address:				

### SECTION II: CLAIMANT INFORMATION (IF DIFFERENT FROM POLICYHOLDER)

Name of Claimant: (As per NRIC/FIN/Passport)				
NRIC/FIN/Passport No:	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Occupation:
Contact Details: (Mobile)	(Home)	(Email)		
Correspondence Address:				
Relationship between Claimant and Policyholder:				

### SECTION III: DETAILS OF LOSS

#### BANKING PROTECTION

Date & Time of Incident: (DD) (MM) (YY) (Hours) (Mins) AM  PM

Full particulars of circumstances surrounding the loss or damage to the best of your knowledge and belief:

Police Station to which loss was reported: \_\_\_\_\_ Date: \_\_\_\_\_

Report No. (Please provide a copy of the police report, if any): \_\_\_\_\_

Has thorough search been made for the articles(s)?  Yes  No

(a) By whom was loss discovered? \_\_\_\_\_

(b) Date and time of discovery? \_\_\_\_\_

(c) Circumstances of loss event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Loss Amount:

Total amount charged/transferred	Refunded amount	Net amount loss

#### SHOPPING PROTECTION

Date of Purchase: (DD) (MM) (YY) (Hours) (Mins) AM  PM

Estimated Date of Delivery: (DD) (MM) (YY) (Hours) (Mins) AM  PM

Full particulars of circumstances surrounding the loss or damage to the best of your knowledge and belief:

Police Station to which loss was reported: \_\_\_\_\_ Date: \_\_\_\_\_

Report No. (Please provide a copy of the police report, if any): \_\_\_\_\_

(a) Description of Product: \_\_\_\_\_  
\_\_\_\_\_

(b) Name of online marketplace/website where product was purchased: \_\_\_\_\_

(c) Circumstances of loss event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(d) Loss Amount:

Total amount paid	Refunded amount	Net amount loss

(e) If no refund was provided, please advise reason(s):

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### SECTION IV: DETAILS OF SECURITY SOFTWARE

Do you have an updated security software installed in your devices prior to the Incident?  Yes  No

(a) Brand of security software:

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(b) Date installed on device: (DD) (MM) (YY)

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(c) Features included in security software (Please check all that applies):

- Antivirus   
 Anti-Malware Protection   
 Two-Factor Authentication   
 Identity Protection  
 Firewall   
 Encryption   
 Secure Browsing   
 Password Management   
 Others: \_\_\_\_\_

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### SECTION V: DETAILS OF OTHER INSURANCE CLAIMS

Name of Insurer	Policy No	Type of Claim	Date of Claim Filed (if any)	Amount Claimed

### SECTION VI: CLAIM PAYMENT METHOD

Please be advised that default payment method for claims will be via PayNow linked to Policyholder NRIC.

If Policyholder does not have PayNow linked to his/her NRIC, please let us know by replying to us after we send you a claim registration acknowledgement email and we will advise you on any alternative payment method.

## PERSONAL INFORMATION COLLECTION STATEMENT

Allianz Insurance Singapore Pte. Ltd., (“Allianz” or “we” or “us”), believes that an individual's Personal Information should be handled with the utmost respect and we are committed to protecting their privacy and confidentiality. We implement appropriate security measures to safeguard your personal data against unauthorized access, use, or disclosure.

### 1. PURPOSE OF COLLECTING PERSONAL DATA

We may use the personal data for the following purposes:

- (a) Processing and evaluating your insurance application, including submitting your application for reinsurance purposes;
- (b) Administering your insurance policy and providing services in relation to your insurance policy;
- (c) Investigating, process and pay claims made under your insurance policy;
- (d) Invoicing and collecting premiums and outstanding amounts from you;
- (e) Verifying your identity;
- (f) Detecting and preventing fraud;
- (g) Carrying out market research for business insights;
- (h) Conducting statistical analysis and profiling analysis;
- (i) Conducting research and quality assurance;
- (j) Responding to, handling, and processing queries, requests, applications, complaints, and feedback from you;
- (k) Complying with any applicable laws, regulations, codes of practice, guidelines, or rules, or to assist in law enforcement and investigations conducted by any governmental and/or regulatory authority;
- (l) Facilitating and managing business operations, including but not limited to disaster recovery, data entry and data storage; and
- (m) Any other incidental business purposes related to or in connection with the above.

### 2. DISCLOSURE OF PERSONAL DATA

We may disclose or transfer, within or outside of Singapore, your personal data for the purposes set out above to:

- (a) Our related or associated companies, insurance intermediaries, financial institutions, professional advisers, consultants and auditors;

- (b) Insurers and reinsurers;
- (c) Medical institutions and professionals;
- (d) Industry associations;
- (e) Debt collection agencies;
- (f) Parties who assist us in claim investigation, administration and adjudication;
- (g) Service providers, agents, contractors, delegates, suppliers or third parties (or subcontractors of the foregoing) which we may appoint from time to time to provide us with services in connection with the services that we offer to you, and their directors, officers, employees, representatives, agents or delegates. These service providers with whom we have contractual relationships are required to provide a standard of protection to the transferred personal data that is comparable to the protection under the Singapore Personal Data Protection Act 2012 and consistent with our personal data protection policies and practices; and
- (h) Regulators, government agencies and law enforcement agencies.

### 3. WITHDRAWAL OF CONSENT

The consent that you provide for the collection, use and disclosure of your personal data will remain valid until such time it is being withdrawn by you in writing. You may withdraw consent and request us to stop using and/or disclosing your personal data at any time for any or all of the purposes listed above by submitting your request in writing to our Data Protection Officer at the contact details provided below. Your withdrawal consent will take effect within 30 days of receiving your request. Consequently, we will cease to collect, use or disclose your Personal Information, unless it is required under the Personal Data Protection 2012 or any other written Applicable Laws. If you withdraw your consent to any of the above, we may not be able to provide you with the services that you have requested for and we will inform you of the consequences of such withdrawal of consent where applicable.

### 4. FOR ENQUIRIES RELATING TO PERSONAL DATA PROTECTION, ACCESS OR CORRECTION OF YOUR PERSONAL DATA, PLEASE WRITE TO US AT:

The Data Protection Officer  
Allianz Insurance Singapore Pte. Ltd.  
79 Robinson Road #09-01 Singapore 068897  
Email: [dpo@allianz.sg](mailto:dpo@allianz.sg)

**DECLARATION**

I/We hereby declare that I/We have complied with the policy Terms & Conditions, all information provided in this claim form and documents submitted are true, accurate and complete to the best of my knowledge. I/We certify that I/We have not withheld any material information. I/We understand that if I/we intentionally made any false or fraudulent statement or conceal any material fact, Allianz reserves the right to repudiate the claim. I/We undertake to advise Allianz promptly of all developments in connection with the claim.

I/We hereby give consent to Allianz and its third parties service providers, related entities, business partners, employees and agents to collect, use, disclose and/or transfer, within or outside of Singapore all personal data related to me and other individuals provided by me in this application for one or more above mentioned purposes. I/We warrant that I/We have obtained consent from the other individuals whom personal data furnished by me/us in this application for one or more abovementioned purposes.

I/We confirm that I/We understand and agree to the Personal Information Collection Statement

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Name of Claimant

\_\_\_\_\_  
Name of Policyholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date