

# GENERAL CLAIM FORM

<b>SECTION I – PARTICULARS OF POLICYHOLDER/INSURED</b>	
Name _____	
Address _____ _____	
Telephone No. Office _____ Home _____ Mobile _____	
Trade/Occupation _____ Policy No. _____	
Are you a GST Registered? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, registration no. _____	
<b>SECTION II – THE LOSS OR DAMAGE</b>	
Date _____ Time _____ am/pm	
Date Discovered _____ Time _____ am/pm	
Place _____ By whom _____	
Describe fully how loss, damage or accident occurred _____ _____ _____ _____ _____ _____	
<b>SECTION III – GENERAL QUESTIONNAIRES</b> (for specific questions, please refer to relevant sub-sections)	
1. Has the loss or damage been reported to the police? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If yes, at which police station _____ (Please attach a clear copy of your police report together with this form)	
2. Is there any other insurance in force providing cover for this loss or damage? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If yes, please advise Name of Insurer _____ Policy details _____	
3. Have you ever suffered similar loss or damage? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If yes, please advise Name of Insurer _____ Policy details _____	
4. Was another person, in your opinion, responsible for the loss or damage? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If yes, please advise Name _____ Address _____ _____ Telephone No. Office _____ Home _____ Mobile _____	

5. Was there any witness or witnesses to this event? Yes  No   
 If yes, please advise  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No. Office \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_
6. Is the property subject to a hire purchase agreement? Yes  No   
 If yes, please advise  
 Name of Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_
7. Has there been any alteration in the occupation or use of the premises since the Policy was taken up? Yes  No
8. Were the premises occupied at the time of loss or damage? Yes  No
9. Are you the owner of the premises? Yes  No
10. Are you responsible for repairs? Yes  No
11. At the time of loss, what was the total value of all property in the premises?  
 \$ \_\_\_\_\_

**A. BURGLARY**

1. Were the premises forcibly entered? Yes  No   
 If yes, state how entrance was affected.  
 \_\_\_\_\_  
 If no, state what evidence is there of theft having been committed.  
 \_\_\_\_\_
2. When was the property last seen? \_\_\_\_\_

**B. PUBLIC LIABILITY**

1. Was there any injury to any person? Yes  No   
 If yes, please advise  
 Name/Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No. Office \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_  
 Apparent injuries \_\_\_\_\_
2. Is he/she in your employment? Yes  No   
 If no, please give particulars below  
 Name and address of employer \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No. Office \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_
3. Was there any damage to the property? Yes  No   
 If yes, please give particulars below
- | <u>Owner's Name/Address</u> | <u>Property</u> | <u>Extent of Damage</u> |
|-----------------------------|-----------------|-------------------------|
| _____                       | _____           | _____                   |
| _____                       | _____           | _____                   |
| _____                       | _____           | _____                   |

4. Was the accident due to carelessness or negligence on your part or that of your employees? Yes  No
5. Has any claim been made against you? Yes  No   
 If yes, by whom and how much \_\_\_\_\_

**C. FIDELITY GUARANTEE**

1. Name of Employee \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone No. Office \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_
2. When did the employee enter your service? \_\_\_\_\_
3. Occupation & Duties \_\_\_\_\_
4. Has he/she insofar as you know own any property or other assets? \_\_\_\_\_
5. What is the amount of the default so far ascertained? \_\_\_\_\_

**D. CASH-IN-TRANSIT**

1. Starting point and destination of transit \_\_\_\_\_
2. Who was accompanying the money lost? \_\_\_\_\_
3. How often is this transit made? \_\_\_\_\_
4. What is maximum amount ever carried at one time? \_\_\_\_\_

**IMPORTANT NOTICE**

- This form is sent without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.
- The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned to the Company without delay.
- The Insured should make no admission of any liability to Third Parties.
- Any communication that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED).

**PERSONAL DATA PROTECTION ACT**

I/We declare and acknowledge that: (i) all information given in this form is true and correct to the best of my/our knowledge and belief; (ii) I/We have not concealed or suppressed any material fact or made any false statement in relation to the claim; and (iii) I/We acknowledge and consent to Allied World collecting, using, disclosing and processing my/our personal data for the purposes of managing and administering my/our claim including disclosing my/our personal data to third party service providers within or outside Singapore in accordance with the Allied World Singapore Personal Data Protection Policy available at <https://www.awac.com/asiapacretail>.

**DECLARATION**

I/We declare that I/We have not withheld any material information and that all statement made on this form are true to the best of my/our knowledge and belief and that the articles and property described overleaf belong to me/us and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy.

\_\_\_\_\_  
 Signature of Policyholder/Insured  
 and Company's stamp, if applicable

\_\_\_\_\_  
 Date

**STATEMENT OF CLAIM**

**DETAILS OF AMOUNT CLAIMED**

- A. If claim is for repairable damage, give particulars of damage and a tradesman’s estimate for the repairs necessary.
- B. If claim is for irreparable damage or loss, list items below completing all columns (if Policy cover is on new reinstatement basis, the column for Wear and Tear and Depreciation is not applicable). Supporting estimates for replacements would be helpful.

Full description of Property	Where Purchased	Date Purchased	Purchase Price	Deduction for Wear and Tear and Depreciation	Amount allowed for Salvage	Amount Claimed
					<b>TOTAL</b>	