

GENERAL CLAIM FORM

SECTION I – PARTICULARS OF POLICYHOLDER/INSURED

Name: _____

Address: _____

Telephone No. (Office): _____ (Home): _____ (Mobile): _____

Trade/Occupation: _____ Policy No.: _____

Are you GST Registered? ☐ Yes ☐ No If yes, please provide GST Reg No.: _____

SECTION II – THE LOSS OR DAMAGE

Date: _____ DD _____ MM _____ YYYY Time: _____ ☐ am ☐ pm

Date Discovered: _____ Time: _____ ☐ am ☐ pm

Place: _____ By whom: _____

Describe fully how loss, damage or accident occurred:

SECTION III – GENERAL QUESTIONS (For specific questions, please refer to relevant sub-sections)

1. Has the loss or damage been reported to the police? ☐ Yes ☐ No

If yes, please provide details of police station: _____

(Please attach a clear copy of your police report)

2. Is there any other insurance in force providing cover for this loss or damage? ☐ Yes ☐ No

If yes, please advise.

a) Name of Insurer: _____

b) Policy details: _____

3. Have you ever suffered similar loss or damage? ☐ Yes ☐ No

If yes, please advise.

a) Name of Insurer: _____

b) Policy details: _____

4. Was another person, in your opinion, responsible for the loss or damage? ☐ Yes ☐ No

If yes, please advise.

a) Name: _____

b) Address: _____

c) Telephone No. (Office): _____ (Home): _____ (Mobile): _____

5. Were there any witness or witnesses to this event? ☐ Yes ☐ No

If yes, please advise.

a) Name: _____

b) Address: _____

c) Telephone No. (Office): _____ (Home): _____ (Mobile): _____

6. Is the property subject to a hire purchase agreement? ☐ Yes ☐ No

If yes, please advise.

a) Name of Company: _____

b) 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.

a) Name: _____

b) Address: _____

c) Telephone No. (Office): _____ (Home): _____ (Mobile): _____

d) Apparent injuries: _____

2. Is he/she in your employment? ☐ Yes ☐ No

If no, please advise.

a) Name and address of employer: _____

b) Telephone No. (Office): _____ (Home): _____ (Mobile): _____

3. Was there any damage to the property? ☐ Yes ☐ No

If yes, please advise.

Owner's Name/Address	Property	Extent of Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. What are the employee's 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. Where is the starting point and destination of transit?

2. Who was accompanying the money lost?

3. How often is this transit made?

4. What is the maximum amount ever carried at one time?

SECTION IV – IMPORTANT NOTICE

1. The issue and acceptance of this form is without prejudice to the terms and conditions of the policy and is not an admission by Allied World Assurance Company, Ltd (Singapore Branch) (collectively with its affiliates "Allied World") of the claim (whether in whole or in part). It should also not be regarded as a waiver by Allied World of any breach by the policyholder or insured of the policy terms and conditions.
2. To facilitate the processing of the claim, please complete this form as fully and accurately as possible, and return the completed form to Allied World without delay.
3. The information and documents requested in this form are preliminary only. Further information and documents may be required. Allied World may also request for sight of original documents.
4. The policyholder and insured must not admit liability, negotiate or settle any third-party claims without the prior written consent of Allied World.
5. Any communication that the policyholder or insured receives regarding the accident should be sent to Allied World immediately (UNANSWERED).

SECTION V – DECLARATION, AUTHORISATION & PERSONAL DATA CONSENT

Declaration

I/We:

- (i) confirm that I am/we are the policyholder and/or insured;
- (ii) declare, to the best of my/our knowledge and belief, and warrant that:
 - a. all information in this form is true, correct and accurate in every detail; and
 - b. I/We have not withheld, concealed or suppressed any material information or made a false statement in relation to the claim;
- (iii) further agree and undertake that I/we shall not, subsequent to our submission of this form, make any false statement or conceal or suppress any material fact relating to the claim.

Authorisation

I, _____ NRIC/FIN No. _____

hereby consent to and authorise any person or organisation (including the police, any governmental body, medical practitioner, hospital, clinic, insurer) to disclose to Allied World Assurance Company, Ltd (Singapore Branch) (collectively with its affiliates "Allied World") any and all information, records, reports or certifications as Allied World considers, in its absolute discretion, relevant for its assessment of this claim (including any police records, investigation status and results, hospital or medical records/certification including earlier medical history respect to any illness or injury). The information given is true and correct to the best of my knowledge and belief. A copy of this authorization shall be as effective and valid as the original.

Personal Data Consent

I/We acknowledge and consent to Allied World collecting, using, disclosing and processing my/our personal data, including disclosing my/our personal data to third party service providers within or outside Singapore, for the purposes set out in and in accordance with the Allied World Singapore Personal Data Protection Statement available at <https://alliedworldinsurance.com/singapore/>. If I/we have provided or will provide information to Allied World about any other individuals, I/we confirm that I/we are authorised to disclose his or her personal data and also give this consent on both my/our and their behalf.

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

Signature of Insured Person / Date
(18 years old and above)

PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF

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	Source of Purchase	Date Purchased	Purchase Price	Deduction for Wear and Tear and Depreciation	Amount allowed for Salvage	Amount Claimed

TOTAL _____