



**UNITED OVERSEAS INSURANCE**

**大華保險**

(A MEMBER OF THE UNITED OVERSEAS BANK GROUP)

Tel 6222 7733 Fax 6327 3869 / 6327 3870

### Claim Form (General)

This Form is issued without prejudice to any of the Stipulations or Conditions of the Company's Policy, and is not to be taken as an admission of liability on the part of the Company.

This Form should be completed and returned within **SEVEN** days of its receipt by the **Insured**

**IT IS ESSENTIAL THAT EACH QUESTION SHOULD BE ANSWERED AS FULLY AND ACCURATELY AS POSSIBLE**

#### PARTICULARS OF CLAM

Name of Insured in full.....  
Policy No. .... Date of payment of last premium ..... Tel No: .....  
Address .....

1. (a) State whether the property was stolen, lost or damaged ... .. (b) If stolen, do your suspicions rest on anyone, and, if so, whom? ... .. (c) When and where was the property last seen by you? ... ..	
2. On what date and time was the theft, loss or damaged discovered and by whom?	
3. State the circumstances under which the theft, loss or damage took place ... ..	
4. Are you the sole owner of the property? If not, give name of owner ... ..	
5. If the claim is in respect of any article not separately mentioned, give the number of the policy item and the present value of all the property to which that item applies ... ..	
6. If the property was stolen or lost give the date the Police were advised, and name of Station ... ..(In all such cases the Police must be advised promptly.)	
7. Are there other insurances on the same property?	
8. Have you previously sustained any theft or loss of or damage to property? ... .. Was a claim made upon any Company or Underwriters? ... .. If so, give name, date, nature of loss and amount paid. ... ..	

**I HEREBY WARRANT** the truth of the foregoing statements.

*Signature*.....

*Date*.....



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