

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 (7) days of its receipt by the Insured

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

PARTICULARS OF INSURED

Insured's Name :	_____	Policy Number :	_____
Address :	_____	Contact Number :	_____
	Singapore _____	Email :	_____

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.	(a) Date and time of Loss/ Damage / Occurrence (b) Place of Loss/ Damage / Occurrence	
3.	State full circumstances of Loss/ Damage / Occurrence	
4.	Was a police report made? (a) If yes, please attach a copy of the police report. (b) If not, please state the reason.	
5.	Are you the sole owner of the property? If not, give name and address of owner.	

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6.	Are there any other insurances covering the same property? If yes, please state name and address of insurance company, type of insurance and policy number.	
7.	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.	
8.	Was the premise occupied at the time of loss?	
9.	(a) Have you previously sustained any theft or loss of or damage to property? (b) Was a claim made upon any Company or Underwriters? If so, give name, date, nature of loss and amount paid in the chart below.	

Particulars of Claim

Full description of article(s) lost, stolen or damaged.	Date purchased	Purchase price	Deduction for age, use or wear and tear	Amount claimed	Remarks

Important Notice

In accordance to the provisions of the Personal Data Protection Act 2012 ("PDPA"), the UOI's privacy notice shall form part of the terms and conditions of the Policy. A copy of UOI's Privacy Notice can be found at www.uoi.com.sg

Declaration

I/We declare that the information given in this claim form is true and correct to the best of my knowledge and belief. I/We undertake to render every assistance on my/our power in dealing with the matter.

Name, NRIC number and Signature of Insured

Company's stamp (if applicable)

Date