

PROPERTY CLAIM FORM

The Insured is required to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to Great Eastern General Insurance Limited ("Company"). The acceptance of this form is not itself an admission of liability on the part of the Company.

Agent _____ Agent Code _____

A. INSURED OR POLICYHOLDER

Full Name : _____ Policy No.: _____
Address : _____
Tel : _____ (H) _____ (O) _____ (HP)
Occupation/Business : _____

B. CIRCUMSTANCES OF LOSS OR DAMAGE

Nature of loss or damage : _____
Date and Time : _____
Address where the event occurred: _____
Detailed circumstances of the loss:
or damage. _____
_____ (Use a supplementary sheet if necessary)
When and by whom discovered : _____
If known, state name and address of person causing loss or damage:-
Name : _____
Address : _____

C. POLICE

Were particulars taken by or reported to the police? Yes / No*
If YES, (a) Give name of Station : _____
(b) Attach a copy of their report.
N.B. The Police must be informed immediately if the property has been lost, stolen or maliciously damaged.

*Delete as required

D. DETAILS OF PROPERTY DESTROYED OR DAMAGED

Please note :

1. Property damaged, lost, or stolen are to be described in detail.
2. Receipts showing date, price and place of purchase of the articles set out below should accompany this form.
3. The Insured must promptly take all possible steps to trace/recover the property lost.
4. In the case of damaged property, an estimate for repair should be submitted. If the property is not repairable, a letter from repairers to that effect should be forwarded. All salvage must be retained.
5. Photographs

(1) Full Description of Property Lost or Damaged	(2) Quantity	(3) Original Purchase Price	(4) Purchase Date	(5) Value at Time of Loss After Deduction for Wear and Tear	(6) Deduction For Value of Salvage	(7) Amount Claimed
TOTAL AMOUNT CLAIMED						

Did you remove or save any property immediately before or during the occurrence? Yes / No*

If YES, how much and where is it located now? _____

Do you own the property? Yes / No*

If NO, give name and address of the owner. Name : _____

Address : _____

Is any other party interested in the property? Yes / No*

If YES, give name of party and extent of interest.

Name of Party : _____

Address : _____

Extent of Interest : _____

E. ADDITIONAL QUESTIONS FOR GLASS BREAKAGE CLAIMS ONLY

Size of broken glass pane/s : _____

Type of glass : _____

Situation (eg. door, window, showcase, etc) : _____

*Delete as required

F. OTHER INSURANCE POLICIES

Is there any other insurance on the property? Yes / No*

If YES, provide details :

Company	Policy No	Sum Insured	If interest covered is different from that covered in our policy, give details.

G. CLAIMS HISTORY

Have you ever before sustained loss of this nature? Yes / No*

If YES, provide details _____

Have you ever made a claim of this nature upon any insurance company? Yes / No*

If YES, provide details :

Name of Insurer	Claim No.	Date of Loss	Nature of Loss	Amount Paid

At which Police Station was this loss/damage reported?

H. OTHER DETAILS

Are you GST Registered? Yes / No*

If YES, indicate GST Registration No. _____

I. DECLARATION, AUTHORISATION AND CONSENT

I/We hereby declare that the particulars stated above are true and correct in every detail and I/we agree that if I/we have made or in any further declaration in respect of the same claim shall make any false or fraudulent statements or suppress conceal or falsely state any material fact whatsoever the relevant insurance policies shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

In addition to the declaration provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate, admit, process and/or administer my/our claims.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greateasternlife.com/sg/en/pncpolicies.htm> and which I/we confirm I/we have read and understood.

Date : _____ Signature of Insured : _____
(Company's Stamp If Applicable)

*Delete as required