



Property/Fire Claim Form

The acceptance of this Form is NOT an admission of liability on the part of HL Assurance Pte. Ltd.. Any documentary proof or report required by HL Assurance Pte. Ltd. shall be furnished at the expense of the Policyholder or Claimant.

PARTICULARS OF POLICYHOLDER / INSURED		
Name	Insurance Policy No.	Period of Insurance
	Tel No.	H/P No.
	E-mail	Name of Intermediary (if any)
Address	NRIC/Passport No.	Business / Occupation
	Is your company GST registered?	UEN/GST Registration No. (if any)
DETAILS OF LOSS OR OCCURRENCE		
Nature of loss / damage (e.g. Fire / Water Damage / Burglary / Plate Glass / Machinery Breakdown / Errors & Omissions) Explain fully how did the loss / damage occur	Country of occurrence: <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others: _____	
	Place of loss or occurrence	
	State name and address of the person responsible for the loss / damage	
	Date of loss	Time of loss
	On when and by whom was the loss discovered	Relationship to Policyholder
	Name & Address of any witnesses of the Incident	NRIC/Passport No.
		Contact No.
ADDITIONAL DETAILS FOR GLASS BREAKAGE CLAIMS		
Dimensions of broken glass		
Type of glass		
Situation (e.g. Window, door, showcase etc.)		

POLICE REPORT

Were particulars of loss or particulars taken by or reported to the Police?

Yes No

If yes, (a) Please specify name of Police Station:

(b) Attach a copy Police Report/Statement.

N.B. The Police must be informed immediately if the property has been lost or maliciously damaged.

DETAILS OF PROPERTY DESTROYED OR DAMAGED

Please note:

1. Property damaged, lost or stolen is to be described in detail.
2. Invoices / Receipts showing date, price, and place of purchase of the articles set out below should accompany this form.
3. A set of colour photographs depicting the damage and/or CCTV footage showing circumstances of incident are to be submitted to us.
4. Police Report and/or Incident Report are to be submitted to us.
5. Assessment report from the repairer on the cause and extent of the damaged property is to be submitted to us.
6. At least 2 quotations for repair / replacement of the lost or damaged property are to be submitted to us. If the property is not repairable, a letter from repairers to that effect should be forwarded. All salvage must be retained.
7. The insured must promptly take all possible steps to trace/recover the property lost and in the case of theft to discover and punish the guilty party / parties.
8. Policyholder/Insured has a duty to take immediate action to mitigate loss by taking necessary measures to minimize and present further loss or damage.

DESCRIPTION OF PROPERTY LOST OR DAMAGED	QUANTITY	ORIGINAL PURCHASE PRICE	WHERE AND WHEN BOUGHT	VALUE AT TIME OF LOSS AFTER DEDUCTION FOR WEAR AND TEAR	DEDUCTION FOR VALUE OF SALVAGE	AMOUNT TO BE CLAIMED
<i>(Please use supplementary sheet if necessary)</i>						

TOTAL

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?

Are you the sole owner of the property/article lost or damaged?

Yes No

If no, please state name, address & relationship

DETAILS OF THIRD PARTY (IF ANY)

Name of Third Party

Brief Description of Nature & Extent of Damage / Injury

Address of Third Party

Comments (if any)

ANY OTHER INSURANCES

Are there any other Policies of insurance in force covering you in respect of this event? Yes No

If yes, please specify below:

INSURANCE CO & POLICY NO(S)	POLICY PERIOD	KIND OF COVERAGE	SUM INSURED

CLAIMS HISTORY

Have you or any insured person previously sustained loss/damage or caused damage/injury to third parties? Yes No

If yes, please specify below:

NAME OF INSURER	CLAIM NO.	DATE OF LOSS	NATURE OF LOSS	AMOUNT PAID

(Please use supplementary sheet if necessary)

*I/We do solemnly and sincerely declare that the information given is true and correct to the best of my/our knowledge and belief. *I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the Policy void and we shall forfeit our rights to claim under the Policy.

Name of Policyholder/Insured _____

Signature of Policyholder/Insured _____
(Please affix company stamp if applicable)

Date _____