

MobileCare 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 Insured.

PARTICULARS OF POLICYHOLDER / INSURED		
Name (as in NRIC/Passport)	Insurance Policy No.	Period of Insurance
	Tel. No.	H/p No.
Address	NRIC / Passport / FIN No.	Occupation
	E-mail	Name of Intermediary (if any)
DETAILS OF MOBILE PHONE		
Brand	Make & Model	IMEI No.
DETAILS OF INCIDENT / DAMAGE		
Date	Time	Place
Explain fully how the incident occurred		
CLAIMS HISTORY <i>(Please use supplementary sheet if necessary)</i>		
Have you previously made a claim under your policy in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please specify details:		
Do you hold any other insurance of which a claim for this incident/damage may be made? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please specify details:		
Have you previously made a mobile phone claim in the last three (03) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please specify below:		
DATE & CIRCUMSTANCES OF INCIDENT / DAMAGE		NAME OF INSURANCE COMPANY(S) INVOLVED

BANK ACCOUNT DETAILS	
Name of Account Holder (as per bank account)	Bank Code
Bank Name	Branch Code
Bank Account No.	Swift Code
* Important Notice: The Company shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing the Company with an inaccurate bank account number under this section for the payment of this claim.	

*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. HL Assurance Pte. Ltd. and their related partners will not be held responsible for any data loss. Policyholders/Claimants are responsible to perform their own mobile phone data backup.

PERSONAL DATA

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 in 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 HL Assurance Pte Ltd Privacy Statement, which is accessible at: <https://www.hlas.com.sg/PolicyOnPersonalData.aspx> and which I/we confirm I/we have read and understood.

Name of Policyholder/Insured _____

Signature of Policyholder/Insured _____

(Please affix company stamp if applicable)

Date _____