

Money 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.

This form should be completed and forwarded to HL Assurance Pte. Ltd. as soon as possible and no later than 30 days from the date of the occurrence.

| PARTICULARS OF POLICYHOLDER / INSURED | | | |
|--|--|-------------------------------------|--|
| Name of Policyholder / Insured | 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 / OCCURRENCE | | | |
| Nature of loss (e.g. Burglary / Cash in Transit) Explain fully how the loss/incident occurred | Country of occurrence: <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others: _____ | | |
| | Place of loss / occurrence | | |
| | State name and address of the person responsible for the money. | | |
| | Date of loss / occurrence | Time of loss / occurrence | |
| | On when and by whom was the loss discovered | Relationship to Policyholder | |
| | Name & Address of any witnesses of the loss/occurrence | NRIC / Passport No. | |
| | | Contact No. | |

| OTHER INFORMATION | | |
|--|--|----------------|
| If the money was lost while in transit, how many authorized employees had custody of the money? | | |
| How was the money being conveyed prior to the loss (eg. by car, public vehicle, taxi). Please state vehicle no. and ownership information of the vehicle. | | |
| Name, contact no. and addresses of the authorized employees who had custody of the money. | | |
| If the loss relates to money in the premises, when was it received in the premises and what is the purpose of keeping this cash in the premises? | | |
| Are you the sole owner of the money lost? If no, please state name, address & relationship. | | |
| POLICE REPORT | | |
| Were particulars of loss or particulars taken by or reported to the Police? <input type="checkbox"/> Yes <input type="checkbox"/> 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 CLAIM | | |
| Please note: 1. Accounting records, invoices and receipts and any other information on the loss of money should accompany this form. 2. Police Report and/or Incident Report are to be submitted to us. 3. The insured must promptly take all possible steps to trace/recover the money lost and in the case of theft to discover and punish the guilty party/parties. 4. Policyholder/Insured has a duty to take immediate action to mitigate loss by taking necessary measures to minimize and prevent further loss. | | |
| DESCRIPTION OF ITEM INSURED | QUANTITY | Amount of Loss |
| | | |
| <i>(Please use supplementary sheet if necessary)</i> | | |
| | | TOTAL |

ANY OTHER INSURANCE

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 | TYPE OF COVERAGE | SUM INSURED |
|-------------------------------|---------------|------------------|-------------|
| | | | |

CLAIMS HISTORY

Have you or any insured person previously made a similar claim? 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)

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.

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 _____