

Claims Form - Miscellaneous

Please complete all sections to facilitate the processing of your application. This form is issued without admission of liability and it must be completed and returned to us immediately, whether or not a claim is made. Any documentary proof or report required by Liberty shall be furnished at the expense of Policyholder or Claimant.

Information of Policyholder

| | | |
|--------------------------------|--------------------------------|--------------------------|
| Name of Policyholder: _____ | | Policy No.: _____ |
| Mailing Address: _____ | | Postal Code () _____ |
| Email: _____ | | NRIC/FIN No.: _____ |
| Contact No.: _____ | GST Registration No.: _____ | |

Nature of Claim (Please tick the relevant)

| | | |
|---|--|---|
| <input type="checkbox"/> All Risks | <input type="checkbox"/> Engineering/CAR/EAR | <input type="checkbox"/> Money |
| <input type="checkbox"/> Burglary/Theft & Hold-up | <input type="checkbox"/> Fidelity Guarantee | <input type="checkbox"/> Plate Glass |
| <input type="checkbox"/> Consequential Loss | <input type="checkbox"/> Fire | <input type="checkbox"/> Public Liability |
| <input type="checkbox"/> Deterioration of Stock | <input type="checkbox"/> Good-in-Transit | <input type="checkbox"/> Rental Expenses |
| <input type="checkbox"/> E&O Liability | <input type="checkbox"/> Machinery All Risks | |

At the time of the loss, had the premises been left unoccupied?
 If Yes, please state how long it had been left unoccupied?

Details of Accident/Loss/Injury

| Date of Accident/Loss/Injury: _____ | Time of Accident/Loss/Injury: _____ | Place of Accident/Loss/Injury: _____ | |
|---|--|---|----------------|
| Brief description of Accident/Loss/Injury: _____ | | | |
| Details of Property Lost/Damaged | Year of Purchase | Original Purchase Price | Amount Claimed |
| | | S\$ | S\$ |



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| Details of Property Lost/Damaged | Year of Purchase | Original Purchase Price | Amount Claimed |
|----------------------------------|------------------|-------------------------|----------------|
| | | S\$ | S\$ |
| | | S\$ | S\$ |
| | | S\$ | S\$ |
| | | S\$ | S\$ |

Please provide the following (if applicable):

- Original purchase bills/invoices of property lost/damaged, if available
- Written report(s) lodged with the Police in respect of theft claim
- Colour photos showing the damaged property/CCTV footage showing circumstances of the incident
- Assessment report from repairer on the cause and extent of the damaged
- Tenancy and/or Contract Agreement

Please do not admit liability without the written consent of Liberty, in respect of E&O Liability/Public Liability/Engineering (CAR/EAR Section 2) claims.

Forward to us all correspondence including writ of summons which you may receive from any third party/parties or their representatives immediately and unanswered, in respect of E&O Liability/Public Liability/Engineering *CAR/EAR) claims.

Details of Third Party (if any)

| | |
|--|-----------------|
| Name of Third Party (Capitalise Family Name): | Contact No.: |
| _____ | _____ |
| Mailing Address: | |
| _____ | Postal Code () |
| Email: | |
| _____ | |
| Brief Description of Nature & Extent of Damage/Injury: | |
| _____ | |
| Comments (if any): | |
| _____ | |

No admission of liability, offer, promise or payment in connection with any accident or claim shall be made by or on behalf of the Insured without written consent of the Company.



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Bank Account Information for Electronic Transfer

| | | |
|----------------------------|---------------------------------------|-----------------------|
| Name of Bank: _____ | Bank Code: _____ | Branch Code: _____ |
| Bank Account No.: _____ | Name of Bank Account Holder: _____ | |

I agree to hold Liberty Insurance Pte Ltd harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given above.

DECLARATION

- a) I declare that I have complied with the conditions and warranties (if any) of the policy and in no manner deliberately caused the said loss or damage or exaggerated the claim or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim. I understand Liberty Insurance reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.
- b) I authorise the release of any medical information necessary to process this claim.
- c) I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at www.libertyinsurance.com.sg/data-protection-policy, both now & in advance as it may be amended from time to time.

Date

Signature of Policyholder
(Company stamp, if applicable)

