

CLAIM FORM

Policy Number

SECTION A: COMPANY DETAILS

Name of your Company

Address of your Company

Contact Number Email Address

Company/Business GST Registration Number

SECTION B: DETAILS OF LOSS/OCCURRENCE

Date and Time of Loss/Occurrence Place of Loss/Occurrence

Please describe the Loss/Occurrence in full details.

When and from whom did you receive notice of the loss or damage?

Have you lodged a Police Report or to any Authorities on this incident? Yes No
If Yes, please provide us with a copy of the report.

Were there witnesses to the incident? If yes, please provide the Name, Address, Mobile Number and Email.

Do you hold any other insurance policy under which a claim for the incident may be made? Yes No
If Yes, please state the Name of the Insurance Company, Policy Number and the Type of Insurance.

Have you previously sustained a loss for a similar incident? Yes No
If Yes, please provide the full details of the claim.

Were the premises occupied at the time of the Occurrence? Yes No
If No, when was it last occupied?

Were your premises broken into? Were there signs or evidence of forcible and violent entry?

Are you suspicious of any parties involved in this incident? Yes No
If Yes, please provide details and the party's personal particulars.

SECTION C: BUSINESS INTERRUPTION (Complete this section if applicable)

What is the nature of the business interruption? Please provide in detail.

Please advise the date and the number of days of the business interruption.

Please indicate the estimated amount of loss

| | | | |
|---------------------|-----|------------------------|-----|
| Loss of Income/Rent | S\$ | Other Additional Costs | S\$ |
|---------------------|-----|------------------------|-----|

SECTION D: LOSS OR DAMAGE TO PROPERTY (Complete this section if the loss was for property damage or loss)

Are you the only occupier of your premises? Yes No

If No, please provide details.

Is there any Tenancy Agreement in force? Yes No

If Yes, please provide us with a copy of the Tenancy Agreement.

Name of person who last saw the item and when was it last seen.

Who is responsible for the loss/damage and why?

Please provide the name and contact number of the parties and the reason for your statement.

Have you made a claim against the person responsible for the loss or damage? Is the property subject to a hire purchase or loan agreement?

Yes No If Yes, please provide details.

Are there measures taken to prevent a recurrence? Please state the measures.

| Description of lost or damaged items | | | | | | |
|---------------------------------------|-------------------|--------------------------|-------------------------|---|--------------------------------|----------------------|
| Full description of loss/damaged item | Owner of the item | Date & Place of purchase | Original purchase price | Estimated cost of repairs or value at the time of loss after deduction of wear and tear | Deduction for value of salvage | Amount claimed (S\$) |
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SECTION E: LOSS OF MONEY (Complete this section if the claim was for loss of money)

Where was the money kept?

Was the money stored securely? Yes No

Were the premises securely locked? Yes No

If the money was lost in transit, please state the place/location from the start to the end of the journey.

Was there a diversion from the journey mentioned above? Yes No

If Yes, please provide details.

Please state the name of the employee(s) who was conveying or managing the money.

How long has the employee involved in the loss been with the company?

What is the total value of money lost?

SECTION F: FIDELITY GUARANTEE (Complete this section if the claim was for fidelity guarantee)

Name of the Employee

Contact Number

Date of Employment

The final amount of default

Date of discovery and name of person reporting the incident

Date Employee first committed the act of fraud. If there are repeated offences, please provide the respective dates of such acts of fraud or dishonesty.

Please provide details of how and under what circumstances the acts of fraud or dishonesty were committed.

Does the Employee agree with the amount of the deficiency? Yes No

Was the Employee under supervision by senior staff? Yes No

If so, please obtain a written statement from the supervisor on the Standard Operating Procedures.

SECTION F: FIDELITY GUARANTEE (Complete this section if the claim was for fidelity guarantee) (continue)

Has the Employee previously committed of similar acts of fraud? Yes No

If Yes, please provide details.

Was there any money or property in your custody that is due to or belonged to the Employee? Yes No

Are you still in contact with the Employee? Yes No

If Yes, please advise the contact number and address of the employee.

Have you informed the Employee's business contacts and all relevant parties that he/she no longer has the authority to represent the firm?

Yes No

If No, please proceed to do so and acknowledge that it has been done.

SECTION G: DOCUMENTS REQUIRED TO SUPPORT YOUR CLAIM

1. Photographs depicting the damage of the property.
2. CCTV footage depicting the circumstances of the incident.
3. A copy of the Police Report/Police Investigation result, SCDF Report or internal Investigation Report.
4. At least 2 quotations for the repair/replacement of the damaged items.
5. Assessment report from the repairer on the underlying cause and extent of the damaged item.
6. Receipts showing date, price, and place of purchase of the items.
7. Accounting records of money lost.
8. Letter of Employment and Termination (for fidelity guarantee's claim).
9. All other relevant documents which are relevant to support the claim.

SECTION H: DECLARATION AND AUTHORISATION

I/We declare that the information provided is, to the best of my knowledge, correct in every detail. I agree that if I/We have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at <https://singlife.com/en/pdpa>. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

I hereby authorise any hospital physician, other person, who has attended or examined me, to furnish Singapore Life Ltd., or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

Date

Signature of the Authorised Person of Insured & Company Stamp

Name of the Authorised Person of Insured

Please send completed and signed physical form with any receipts and documents to support your claim to:

General Insurance Claims
Singapore Life Ltd.
4 Shenton Way, #01-01, SGX Centre 2 Singapore 068807

Note: The acceptance of this form is NOT an admission of liability on the part of Singapore Life Ltd.
If there are no original receipts requirement, you can submit via email to gi_claims@singlife.com.