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HOMECARE PLUS CLAIM FORM

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.

1. THE POLICYHOLDER

Name: _____ NRIC/Passport No: _____

Contact Address: _____

Contact Telephone No.: _____ Policy No.: _____

Email Address: _____

Are you GST registered? Yes / No If yes, GST registration no. _____

2. NATURE OF CLAIM – I am making a claim under the following Sections (please tick):

- | | |
|--|---|
| <input type="checkbox"/> Section 1: Building | <input type="checkbox"/> Section 5: Personal & Family Liability |
| <input type="checkbox"/> Section 2: Renovations/Improvements | <input type="checkbox"/> Section 6: Personal Accident |
| <input type="checkbox"/> Section 3: Contents | <input type="checkbox"/> Section 7: Emergency Home Assistance |
| <input type="checkbox"/> Section 4: Valuables | |

At the time of loss, had the premises been left unoccupied? Yes No

If Yes, please state how long it had been left unoccupied: _____

3. Particulars 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: _____

Please provide original medical bills and/or medical reports/memo from the doctor stating the nature of the injury.

4. Description of Property Lost/Damaged				
Property Lost/Damaged	Owner of Property	Year of Purchase	Original Purchase Price	Amount Claimed

Please provide the following:

(a) Original purchase bills/invoices of property lost/damaged, if available.

(b) Written report(s) lodged with Police.

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 sought unjustly to benefit by any fraud or wilful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim.

(Date)

(Signature of Policyholder)