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## MISCELLANEOUS 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: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person & Telephone No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

### 2. TYPES OF INSURANCE. I am making a claim for the following (please tick):

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

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

Date of Accident/Loss: \_\_\_\_\_ Time of Accident/Loss: \_\_\_\_\_

Place of Accident/Loss: \_\_\_\_\_

Brief Description of Accident/Loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Description of Property Lost/Damaged			
Property Lost/Damaged	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 in respect of theft claim.*

**5. Particulars of Third Party Claim (if any)**

Name of Third Party: \_\_\_\_\_

Address of Third Party: \_\_\_\_\_  
 \_\_\_\_\_

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 the written consent of the Company.*

I/We declare that I/we 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/we have not concealed any information relating to this claim.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Policyholder)