

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. Any documentary proof or report required by liberty shall be furnished at the expense of policyholder or claimant.

POLICYHOLDER INFORMATION

Name:	NRIC/Passport No:
Contact Address:	Contact Telephone No:
	Policy No:
Email Address:	GST Registration No. (if applicable):

TYPES OF INSURANCE *(I am making a claim for the following insurance, please tick the relevant)*

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|---|--|---|
| <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: _____

DETAILS OF ACCIDENT/LOSS/INJURY

Date of Accident/Loss/Injury:	Place of Accident/Loss/Injury:
Time of Accident/Loss/Injury:	
Brief Description of Accident/Loss/Injury:	
<p><i>Please provide original medical bills and/or medical reports/memo from the doctor stating the nature of the injury.</i></p>	

Description of 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.*

DETAILS OF THIRD PARTY (if any)

Name of Third Party:	Address of Third Party:
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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.

BANK ACCOUNT INFORMATION (for GIRO Claims Processing)

Name of Bank:	Bank Code:	Branch Code:
Bank Account No:	Name of Account Holder:	

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.

Signature of policyholder (Co's stamp if applicable)

Date (dd/mm/yyyy)