

Claim Form - HomeCare

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.: _____		

Nature of Claim

Type of Plan: _____
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: _____		

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

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

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			S\$	S\$
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			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

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

- 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.
- I authorise the release of any medical information necessary to process this claim.
- 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)

