

## 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



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

### Payment Details

Please select the claim payment mode.

- ☐ For payment by cheque
- ☐ For payment by direct transfer into Policyholder's bank account.  
Please provide a copy of your bank account statement showing the Name of Bank, Name of Account Holder and Account Number for your initial claim submission.

Full name (as shown in the bank account): _____	Nationality: _____
Name of Bank: _____	Bank Account Number: _____
<input type="checkbox"/> For payment by PayNow Please provide us with a copy of NRIC for verification purpose. The claim reimbursement can only be made to the Insured/Claimant and will be paid via transfer to your bank account linked by PayNow NRIC/FIN ID by default. Please ensure that you have signed up for PayNow with your bank by linking it to your NRIC/FIN ID.	
NRIC/FIN ID: _____	UEN: _____

### INDEMNITY

The Company shall not be liable for any loss incurred by you as a result of you providing the Company with incorrect bank account details for the payment of your claim.

### DECLARATION

- a) 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.
- b) I authorise the release of any medical information necessary to process this claim.
- c) 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](http://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)

