

# Tenet Insurance Company Ltd

(A member of Sompo Japan Group)  
50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623  
Tel: 6221 2211 Fax: 6221 3302  
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



## HOMEBLISS CLAIM FORM - HOME ASSISTANCE SERVICES

### Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 All documents provided to substantiate your claim must be original documents.

Agency \_\_\_\_\_ Policy / Certificate No \_\_\_\_\_

### 1. Insured/Claimant's Particulars

- a. Name \_\_\_\_\_
- b. Address \_\_\_\_\_
- c. NRIC/Passport No \_\_\_\_\_ Occupation \_\_\_\_\_
- Contact Number \_\_\_\_\_ Email address \_\_\_\_\_

### 2. Circumstances of Claim

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Indicate type of Home Assistance Services you are claiming for:

- i) Emergency home assistance cover is limited to \$100.00 per event.
- ii) This service is provided by International SOS and such expenses will only be reimbursed upon authorisation and activation through International SOS.
- iii) Please submit all original bills / invoices to substantiate your claim. You should ensure that the service provider indicates the type of service rendered on the bill / invoice to avoid delay in processing your claim.

Locksmith Assistance

Note: There is no cover under this section for situations where the insured is locked out of a bedroom within the insured dwelling.

Plumbing Assistance

Note: This section shall exclude service rendered to rectify leaking water taps / water heaters / shower heads and water leaking from ceilings.

Electrical Assistance

Note: This section shall not extend to failure or malfunction of electrical appliances like televisions, refrigerators, rice cookers, ovens, water heaters, etc.

Air-conditioning Engineer Assistance

Note: This section shall not extend to an air-conditioning unit that is not cold or leaking because the said unit has not been serviced for six (6) months prior to the date of call.

Pest Control Services

State Amount claimed \_\_\_\_\_

b. State clearly how the loss or damage occurred.

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**PAYMENT DETAILS (if claim falls within terms and conditions of the policy)**

1. Please confirm payee name if claim is payable \_\_\_\_\_

**Note:** If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

2. Tick the method of payment you prefer       By Cheque       By GIRO

2a. If payment is requested by GIRO, please advise bank details:

Bank / Branch: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_ I.C./Passport Number: \_\_\_\_\_

Signature of payee \_\_\_\_\_

**Note:** All payment(s) made to this account is based on information provided by you and the Company shall not be liable in respect of any disputes and/or loss and/or damage that may arise out of this transaction.

**DECLARATION**

I/We declare that the particulars stated above are true and correct and understand that if I/We have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever, my/our claim may be refused. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date