

Tenet Insurance Company Ltd

(A member of Sampo 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



MOTOR LOSS OF USE BENEFITS CLAIM FORM

Important Notice:

The acceptance of this form is NOT an admission of liability on the part of the Company.

Procedure for submitting a Loss of Use Claim

- 1) Check your policy to ascertain whether you are entitled to Loss of Use (LOU) Benefits. If you are claiming or have already claimed against a third party for LOU benefits you will not be entitled to claim under the policy.
- 2) LOU benefits will be paid based on the cubic capacity of the vehicle and the number of days of repair as authorized by the Company and is subject to a maximum of 14 days per policy year.

1400cc & below	\$50/day
1401cc to 2000cc	\$80/day
above 2000cc	\$100/day

Agency _____ Policy / Certificate No _____

A. INSURED'S DETAILS

1a. Name

Dr/Mr/Mrs/Ms _____

b. Address

c. NRIC / Passport Number _____ Date of Birth _____

Business / Occupation _____ Contact Number _____

B. VEHICLE & ACCIDENT DETAILS

1a. Vehicle number _____ Accident Date _____ Time _____

b. Name of workshop repairing your vehicle _____

c. Date vehicle collected _____ Was replacement car provided? Yes No

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

For GIRO payments above \$3,000 we require a Direct Credit Authorisation Form duly acknowledged by your bank.

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 declare that the particulars stated above are true and correct and I understand that if I 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 claim may be refused.

Insured's Signature

Date