

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>



PROPERTY CLAIM FORM

Important Notice:

- 1 This form is issued and/or accepted without admission of liability.
- 2 The insured must state all information requested as fully and accurately as possible.
- 3 All documents provided to substantiate your claim must be original documents and must be submitted at the claimant's expense before a claim can be admitted.

Agency

1. INSURED'S PARTICULARS

a. Name of Insured

b. Address

c. Residence / Business Telephone Nos.

(Res) _____ (O) _____ (HP) _____

d. Business / Occupation

e. Policy No. and Type of Policy

Policy No: _____ Type of Policy: _____

Policy No: _____ Type of Policy: _____

f. Do you have other policies covering you in respect of this incident? Yes No If yes, please give details.

g. Are you GST registered? Yes No If yes, please state GST number _____

2. PARTICULARS OF ACCIDENT

a. Nature of loss or damage (please circle the correct peril)

Fire / Water Damage / Accidental Damage / Burglary / Money / Plate Glass / Accidental Loss

b. Date and Time

Date: _____ Time: _____

c. Location

d. When did you receive notice/became aware of the loss or damage? Please give details of the person reporting.

Date/Time : _____ Person Reporting : _____

Contact No : _____ Designation : _____

e. State name of party responsible for the loss or damage if applicable.

If person responsible is unknown state whether your suspicions rest upon anyone.

Name: _____ Contact No: _____ Occupation: _____

l. Is the property subject to a hire purchase or loan agreement? Yes No

If yes, please give details.

m. In respect of Fire, burglary and Money losses: Please state whether there has been any alteration in the occupation or use of the property since the Policy was taken up? Yes No

If yes, please give details.

n. In respect of Money in Transit losses, please state: How long has the employee(s) involved in the loss been with the company?

o. Have you previously sustained a loss under similar circumstances? Yes No

If yes, please give details.

3. PARTICULARS OF WITNESSES

It is very important that the details of all witnesses be furnished immediately.

a. Name : _____ Contact: _____
Address : _____
Relationship of Witness: _____

b. Name : _____ Contact: _____
Address : _____
Relationship of Witness: _____

c. Name : _____ Contact: _____
Address : _____
Relationship of Witness: _____

We/I hereby declare that the above statements are true and complete and we/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

Signature of Claimant
(Affix Company stamp if applicable)

Date

