

Commercial General Claim Form

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PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

The form must be completed truthfully and accurately.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be returned together with all supporting documents as soon as possible to the following address:

Chartis Singapore Insurance Pte. Ltd.
CHARTIS Building, 78 Shenton Way, #07-16, Singapore 079120

The acceptance of this Form is NOT an admission of liability on the part of Chartis Singapore Insurance Pte. Ltd. ("the Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

Any information collected or held by Us whether contained in the Application / Proposal or Claim Form or otherwise obtained in any other manner, may be used and disclosed to Our associated individuals / companies or any independent third parties (within or outside Singapore) for any matters related to your claim and to communicate with You for any purpose.

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

Particulars Of Policyholder/Insured

Name	Tel No (Office)	Tel No (Fax)
Address		
Is your company Gst Registered? : <input type="checkbox"/> Yes <input type="checkbox"/> No Gst Registration No.: _____	Email Address & contact person:	
Insurance Policy No.	Type of Policy (please specify)	
Type of Incident: <input type="checkbox"/> Fire <input type="checkbox"/> Water Damage <input type="checkbox"/> Burglary <input type="checkbox"/> Plate Glass <input type="checkbox"/> Machinery Breakdown <input type="checkbox"/> Liability <input type="checkbox"/> Others, please specify _____		
For Burglary: Was there forcible entry into the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Description Of Incident *(Please Attach A Copy Of The Police Report, SCDF Report Or Service Report To This Form)

Date	Time	Place
Explain exactly how it happened?		

Details Of Loss Or Damage To Insured Property*(Please Attach Photographs Of Damaged Property To This Form.)

When was the loss or damage discovered and by Whom?					
Description of Articles/Property damaged/lost *(Please submit original purchase invoice)	When was it purchased	Original purchase price	Original repair invoice for damaged items	Original purchase invoice for replacement of items	Amount Claimed

Are you the sole owner of the property/article lost or damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please state name, address, contact no and relationship _____
Are there any other Policies of insurance in force covering you in respect of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: Policy No _____ Type of Policy _____ Insurance Company _____
Are there any eye witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state names, NRIC/Passport No, address and contact no. _____
Has there been a previous occurrence in these premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the preventive measures that were taken to prevent a recurrence _____

Third Party Claims Details

a) Please give particulars of person(s) responsible for the loss/damage/injury.
b) Please provide details of the owner of the damaged property, the description of the damaged property and the extent of damage.
c) If it's a personal injury matter, please provide details of person (s) injured and the injuries sustained:
d) Is the Injured person (s) a US Citizen? if Yes, please provide us their Social Security Number.
e) Please give us particulars of eye witness (es), if any.
f) Has a claim been made upon you? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, by whom and for what amount? _____

I/We declare that I/we have complied with the conditions and warranties (if any) of the policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.

Date _____ Signed here
(Company's Stamp, if applicable)

Particulars of Agent

Name:	Email:	Contact No.
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