

Personal Lines 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.

Particulars Of Policyholder/Insured

| | | |
|---|------------|---|
| Name | | Email Address |
| Tel No. (Office) | (HP No.) | (Residence) |
| Address | | Nationality : Social Security No. (For US Citizen) : |
| Occupation | Policy No. | Expiry Date |
| Type of Policy: <input type="checkbox"/> CPI <input type="checkbox"/> Public Housing <input type="checkbox"/> Golfers <input type="checkbox"/> All-In-One <input type="checkbox"/> Others, please specify _____ | | |

Description Of Incident (Please attach a copy of the police report, incident report where applicable.)

| | | |
|---|------|-------|
| Date | Time | Place |
| Country of occurrence: <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others, please specify _____ | | |
| 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 | Deduction for wear and tear | Amount claimed | Remarks |
| | | | | | |
| Are you the sole owner of the property/article lost or damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes If No, please state name, address, contact no and relationship _____ | | | | | |
| Are there any other Policy of Insurance in force covering you in respect of this event? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please state: Name of Insurance Co. _____ | | | | | |
| Policy No. | | Type of Policy | | | |
| Are there any eye witnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please state names, NRIC/Passport No, address and contact no. _____ | | | | | |
| Name of Police Station/Post the incident was reported to | | | | | |

Details Of 'Hole-in-one' Achievement (Golfers' Insurance Only)

| | |
|---|--|
| When did you strike the Hole-In-One? | At which regulation golf course was this Hole-In-One achieved? <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others, please specify _____ |
| Give Name and Contact No. of the officer you have informed immediately of this achievement | |
| *(Please submit letter from the golf club certifying the achievement, Hole-In-One Certificate and bills/receipts in support of your claim.) | |

Third Party Claims Details

| | |
|--|---|
| Describe the property that was damaged | |
| State nature and extent of the damage | |
| Name, Address and Contact No. of the owner of the property damaged | |
| Approximate value of the property damaged | Estimated cost of repairs to rectify the damage |
| How was the owner related to you? <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Not related in any way <input type="checkbox"/> Others, please specify _____ | |

DETAILS OF PERSONS INJURED

| Give details of all persons injured | | | | |
|---|-------------|--------------|-----|----------------------------|
| Name/Address/Contact No. | Occupation | Relationship | Age | Nature of Injuries/Remarks |
| | | | | |
| Has any claim been made upon you? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, by whom and for what amount _____ | | | | |
| Have you admitted responsibility in any way? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please furnish particulars _____ | | | | |
| 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 from the policy by any fraud or wilful misrepresentation. The information shown on this form is true and accurate and that I/we have not withheld any information relating to this claim. | | | | |
| _____ | _____ | | | |
| Date | Signed here | | | |

Particulars of Agent

| | | |
|-------|--------|-------------|
| Name: | Email: | Contact No. |
|-------|--------|-------------|