

Domestic Property/Fire Claim Form

QBE Insurance (Singapore) Pte Ltd



THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

How to complete this form

1. Please complete 1. to 7. and 13.
2. Please complete the remaining relevant portion e.g. 9. for Fire Loss, 11. for Personal Accident etc.
3. Please send the completed claim form, as soon as possible, to your insurance advisor or broker.

What to do in the event of a claim

1. Attach all quotations obtained for replacement of or repair to the damaged or missing property.
2. Attach valuations and receipt for purchases whenever possible.
3. Advise the police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage, travellers baggage.
4. Attach any letter of demand or other correspondence that you may receive from any third party.
5. Do not make any admission of liability for loss or damage caused by you to third parties.

| | | | |
|---------------------|--|----------------------|--|
| 1. Claim No. | | 2. Client No. | |
|---------------------|--|----------------------|--|

| | | | |
|----------------------|--|-----------------------|--|
| 3. Policy No. | | 4. Account No. | |
|----------------------|--|-----------------------|--|

5. The Insured

| | | |
|---|---|-------------|
| Name | Contact No. | |
| Address | Policy No. | Expiry Date |
| | Has the premium been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Email | | |
| Name of other Interested Parties (Hire Purchase, Lease, etc.), if any | | |
| Are there any other Insurances in force which would cover this in whole or in part? If answer is "Yes", please advise <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Insurer | | |
| Policy Details | | |

6. Details Of Loss Damage Or Occurrence

| | | |
|--|------|-------|
| Date of Loss/Damage/or Occurrence: | Time | AM/PM |
| When was Loss/Damage/or Occurrence reported to you (if applicable): | Time | AM/PM |
| Place and/or Premises where it occurred: | | |
| Please state full particulars how Loss, Damage or Accident occurred: | | |
| | | |
| | | |
| | | |
| Please describe Nature of Damage or Injury | | |
| | | |

7. Responsibility/Witnesses

Was another person, in your opinion, responsible or loss or damage or cause of the occurrence? Yes No

If reply is "Yes", please give full details:

| | |
|------|-------------|
| Name | Contact No. |
|------|-------------|

Address

Reasons

Was there a witness/or witnesses to this event? Yes No

If reply is "Yes", please give full details:

| | |
|------|-------------|
| Name | Contact No. |
|------|-------------|

Address

8. Burglary Loss

If claiming under Multi Risk, Housebreaking, Theft, Malicious Damage, Baggage, advise the following:

a) Full details of method used by offender

| | | |
|-----------------------------------|------|-------|
| b) When were the police notified? | Time | AM/PM |
|-----------------------------------|------|-------|

| | |
|----------------|--------------|
| Police Station | Officer Name |
|----------------|--------------|

State reason if not reported to the Police

a) Has the loss been advertised? Yes No

If answered "Yes", give particulars and send copy of advertisement with this form

b) When was the property last seen by you?

c) At the time of loss how long had premises been unoccupied?

9. Fire Loss

a) Are you the sole owner of the damaged property? Yes No

If "No" give details of interested parties:

b) What was the total value of the property insured by the policy at the time of the loss?

| | |
|-------------|-------------|
| Building \$ | Contents \$ |
|-------------|-------------|

10. Windstorm And Flood

a) If claiming for windstorm/Hurricane/Cyclone/Typhoon/Water Damage/Food, advise the following:

1) Through what type of opening did Wind, Rain or Water enter premises?

2) Did Windstorm/Hurricane/Cyclone/Typhoon cause opening to premises? Yes No

If answered "Yes" describe cause:

11. Personal Accident

a) What is the name and address of the doctor attending to you?

b) In respect of Temporary Disablement from engaging in or giving attention to profession of occupation; how long have you been:

1) Totally disabled?

| | |
|------|----|
| From | To |
|------|----|

2) Partially disabled?

| | |
|------|----|
| From | To |
|------|----|

(Please attached medical certificate and/or report)

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

| | |
|----------|------------------------|
| Name | Signature of Applicant |
| NRIC No. | |
| Date | |

Acknowledgement

Without Prejudice

| | |
|---|--|
| To be completed by insured person Name | We acknowledge receipt of your documents and assure you that the matter is receiving our attention. Meanwhile, for any enquiries, please contact |
| Address | at Contact No. |
| | Our file reference |
| | Yours truly QBE Insurance (Singapore) Pte Ltd |
| | Claims Dept cc. Intermediary (if applicable) |
| | Date |

Please send the completed claim forms and the relevant supporting documents to:

QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583