

Allianz Global Corporate & Specialty SE
Singapore Branch



Company Registration No.: T11FC0131K
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Website: <http://www.agcs.allianz.com>

Allianz Contact Centre
Tel: 1800 222 1818
Email: customerservice@allianz.com.sg

N.B. The issue or acceptance of this form is not an admission of liability by the Company.

NOTICE OF CLAIM

THE CLAIMANT IS REQUESTED TO NOTE:

- (a) Before submitting details of loss or damage the Claimant is requested to read the Conditions of the policy.
- (b) This form must be filled up and delivered to the Company together with proof of value within 14 days of its receipt by the Claimant.
- (c) The Claimant must promptly take all practicable steps including the giving of immediate notice to the Police for discovering and punishing any party or parties, if any, and for tracing and recovering the property lost.
- (d) As it is a condition of the policy that it shall be void if any false statement or declaration be made in support of a claim, care should be exercised in filling up this form.
- (e) Particulars of the claim should be stated as fully as possible and any suspicions as to parties implicated should be communicated to the Company.
- (f) If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under the policy, the policy will be rendered void.

1. Policy No.:
2. Insured's Name:
3. NRIC/FIN No.:
4. Contact No.:
5. Email Address:
6. Address:
7. Occupation:
8. Date of Loss or Damage: Time: Place:
9. Police Station to which loss was reported: Report No.: Date:
10. Full particulars of circumstances surrounding the loss or damage to the best of your knowledge and belief:
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.....
11. Has thorough search been made for the articles(s)?
.....
12. (a) By whom was loss discovered?
.....
(b) Date and time when article(s) last seen
.....
(c) By whom last seen and where?
.....
13. Have you any suspicion as to any parties implicated?
.....
If so, please give particulars:
.....
.....
14. Are you the sole owner of the property lost or damaged?
.....
15. Is the property in respect of which you are making a claim insured with any other Insurer against all or any of the risks covered by above Policy? If so, please give particulars:
16. Have you ever made a claim on any Insurer in respect of loss or damage by any of the risks covered by the above Policy?
If so, please give particulars:
17. Have you ever before sustained :-
(a) Loss by theft?
(b) Loss or damage to any article of value from any other cause?

DECLARATION

I/We hereby declare the foregoing particulars to be true, accurate and complete in every respect and that no information has been suppressed and that the sum claimed as set out overleaf represents the amount I/we are entitled to claim in terms of the Policy and the Instructions contained herein. I/We understand that if I/we 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/our claim may be refused. I/We 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. I/We further declare that the information written in this claim form or held by the Company whether contained in my/our insurance application / proposal form or otherwise obtained may be used and disclosed to your authorised staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my/our claim. I/We understand my/our data that may also be used for audit, business analysis and reinsurance purposes. My/Our signature below will signify this consent. I/We acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that the Company may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Allianz's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Allianz's business partners, intermediaries, third party service providers and industry associations. Allianz's Privacy Policy can be found at www.allianz.com.

DATE

SIGNATURE OF CLAIMANT.....

