

PROPERTY/LIABILITY CLAIM FORM

Important Notice

The acceptance of this form is NOT an admission of liability on the part of NTUC Income. Any documentary proof or report required by NTUC Income shall be furnished at the expense of the Policyholder or Claimant. To avoid delay in processing your claim, please submit the duly completed claim form together with the supporting documents as soon as possible.

Policy Number:	
Claim Number:	

Particulars of Policyholder

Name (as shown in NRIC - for Individuals)		NRIC No. (for individuals)	
Address		Email	
Contact No. (O)	(H)	(Hp)	(Fax)
Business/Occupation		Is your Company/Business GST registered?	
This Claim is based on the below Policy I have: (Please tick ONE)			
<input type="checkbox"/> Home Insurance	<input type="checkbox"/> Golfers Insurance	<input type="checkbox"/> Pet Insurance	<input type="checkbox"/> Fire Insurance
<input type="checkbox"/> Bailee's Liability	<input type="checkbox"/> Plate Glass	<input type="checkbox"/> Fidelity Guarantee	<input type="checkbox"/> Money
<input type="checkbox"/> Public Liability	<input type="checkbox"/> Error & Omission	<input type="checkbox"/> Others: _____	
<input type="checkbox"/> Business	<input type="checkbox"/> Theft		

Details of Occurrence

Date of Incident (dd/mm/yyyy)	Time	Place
1. Please describe how the incident occurred.		
2. Please give particulars of person(s) responsible for the loss/damage/injury?		
3. Have you made a claim upon the person responsible for the loss/damage/injury. <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Details of occurrence.		
5. Was a police report made? If so, when and where was it made?		
6. How was entry into premises gained? Were there any signs or evidence of forcible and violent entry?		
7. Was the premises occupied at the time of the occurrence? If not, when was it last occupied?		
8. Please give particulars of eyewitness(es), if any.		
9. Please give us particulars of other person(s) other than yourself who have any interest in the property concerned and state the nature of their interest.		
10. Is there other insurances covering the property concerned? <input type="checkbox"/> Yes <input type="checkbox"/> No Is so, please state the names of the insurers & policy numbers.		
11. Please state the current total value of all the property insured under the policy.		

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Please tick off the items which you are attaching for this claim.

- Police Report/Investigation Results & Incident Report**
- Photographs of Damage**
- At least 2 Quotation(s) for Repair/Replacement of the lost or damaged property**
- Assessment report from repairer on the cause and extent of the damaged property**
- Invoices/Purchase receipts of lost or damaged property**
- Letters, writ of summons from Third Party**

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Please arrange to submit the necessary documents listed above. We also wish to inform you that all necessary documents must be submitted with the claim form to enable your claim to be processed within 14 days. Please note that the list of documents is not exhaustive. Other documents may be requested if necessary.

财产/责任保险索赔表格

(表格上的资料若有不实, 本合作社将不负任何责任。)

保单号码:	
索赔号码:	

受保者资料

姓名	身份证号码 (个人保单)		
地址	电邮		
联络号码 (办公室) (住家) (手机)	(传真)		
企业/职业	您的公司/企业是否有注册消费税?		
此索赔是因以下保单: (请打一个钩)			
<input type="checkbox"/> 屋宇保险	<input type="checkbox"/> 高尔夫球保险	<input type="checkbox"/> 宠物保险	<input type="checkbox"/> 火险
<input type="checkbox"/> 商业险	<input type="checkbox"/> 受托人责任	<input type="checkbox"/> 玻璃片	<input type="checkbox"/> 忠诚保证
<input type="checkbox"/> 现金	<input type="checkbox"/> 第三者责任	<input type="checkbox"/> 误差与疏忽	<input type="checkbox"/> 其他: _____

事件发生详情

事故日期	时间	地点
1. 请说明事故如何发生。		
2. 请提供此损失/破坏/受伤之当事者资料。		
3. 您是否已向此损失/破坏/受伤之当事者索赔? <input type="checkbox"/> 有 <input type="checkbox"/> 没有		
4. 是否向警方报案? 若有, 何处和什么时候?		
5. 如何顺利进入事发地点? 是否有迹象或证据显示是强行和破门进入?		
6. 事故发生时事发地点是被使用? 若没有, 最后一次使用是几时?		
7. 若有目击者, 请提供他的资料。		
8. 除了您本身之外, 此财产是否有其他权益者? 请提供其资料和权益性质。		
9. 此财产是否有其他保险? <input type="checkbox"/> 有 <input type="checkbox"/> 没有 若有, 请例明保险公司名称及保单号码。		
10. 请例名此保单内所有财产的目前总价值。		

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责任索赔 (只有当第三者向您索赔时, 才需完成此项)

1. 当您第一次被通知此事故时, 是何时?

2. 请提供若此损失/破坏/受伤是因您的产业、器材或设备之缺陷所引发的详细资料。

3. 若有人受伤, 请完成:

a) 受伤者的资料

b) 受伤者的伤势

4. 是否有人表明向您索赔? 若有, 是谁?

注: 请别向第三者承诺任何赔偿责任或洽商或任何付款。一旦收到由第三方发出的信件, 应当立即交给我们处理。

索赔细节

种类	破坏/损失详情	采购日期	价值\$\$	索赔金额\$\$

我/我们在此表明以上陈述和事项都是事实无误。

 投保人签名/公司盖章

 日期

财产/责任保险索赔表格

以下的文件若已被检证将与索赔表格一齐呈交。

- 警方报告
- 损失照片
- 修理/替代报表
- 发票/采购收据
- 第三者的信件、令状或传票

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请呈交上面所列的文件。所有有关的文件，必须与索赔表格一齐呈交，我们才能在14天内完成你的索偿。请注意，上述的文件清单并不详尽。如果有需要，也许会要求其他的文件求证。