

## Property/liability claim form

### Important notice

- If we accept this form, this does not mean we are taking legal responsibility for your claim.
- If we ask for any documents as proof or a report, you will have to pay the costs involved in providing them.
- To avoid delay in processing your claim, please send your filled-in form, together with the supporting documents, within 30 days from the date of the event.
- Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

<b>Policy number:</b>	
<b>Claim number:</b> (For official use)	

This claim is based on the policy below. Please tick accordingly.

- |   |   |   |                                |
|---|---|---|--------------------------------|
| <input type="checkbox"/> Fire Insurance   | <input type="checkbox"/> Business           | <input type="checkbox"/> Bailee's Liability | <input type="checkbox"/> Theft |
| <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: _____      |                                |

### Personal details of policyholder

Name		
Address		Email
Contact number (Office)	(Home)	(Handphone)
Business/Occupation		
Is your Company/Business GST registered?	GST registration number	UEN Number

### Payee's details

Please tick ✓ the claim payment mode.

For payment by direct transfer into your bank account

Full name of payee (as shown in the bank account)	Name of Bank	Bank Account Number
---	--------------	---------------------

For payment by PayNow Corporate

PayNow UEN Number

### 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?  Yes  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.

**Liability claim (Complete this section ONLY if claim is made against you)**

1. When were you first notified of the incident?

2. Please give us details if loss/damage/injury is attributed to defects in your premises, equipment or plant.

3. If anyone has been injured, please furnish:  
 a) Full particulars of injured person  
 \_\_\_\_\_  
 b) Details of injuries sustained  
 \_\_\_\_\_

4. Has any claim been made against you? If so, by whom?

**Note:** No payment, offer or promise of any payment or admission of liability should be made. All letters from third parties should be forwarded to us immediately upon receipt.

**Claim details**

Description of item	Details of damage/loss	Date (dd/mm/yyyy) purchased/incurred	Cost S\$	Amount claimed S\$

**Personal data collection statement**

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance transaction. It includes all personal data for us to evaluate or administer this transaction. For example, if you are submitting a claim for an insurance policy, in addition to the personal data provided in the claim form, the personal data will also include any subsequent information we collect on health or any information that is necessary for us to decide whether to pay the claim, such as test results, medical examination results, and health records from medical practitioners.

Before your insured persons' personal data is collected by us, we rely on you to notify, inform and make them aware of the following:  
 (a) that you will or may provide their personal data to us, or their personal data may be provided from other sources to us;  
 (b) the third parties to whom the personal data may be provided by us;  
 (c) the purposes we and the third parties will use it for; and  
 (d) how your insured persons can access their personal data.

We also rely on you to obtain their consent on all the above matters and will assume that their consent has been obtained before their personal data is collected by us. If you have not done or will not do any of the above matter, you must alert us before any relevant personal data is collected by us.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

**1. Purpose of collection**

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;
- (c) communicate on purposes relating to an application or policy;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) provide ongoing services and respond to your inquiries or instructions;
- (f) make or obtain payments;
- (g) investigate and settle claims;
- (h) recover any debt owed to us;
- (i) detect and prevent fraud, unlawful or improper activities;
- (j) conduct research and statistical analysis;
- (k) coach employees and monitor for quality assurance;
- (l) reinsure risks and for reinsurance administration;
- (m) comply with all applicable laws, including reporting to regulatory and industry entities; and

**2. Disclosure of personal data**

We may disclose personal data belonging to you or your insured persons for the purposes set out in Section 1 to these parties:

- (a) your insurance agents, insurance broker, association, employer or group policyholder;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

**3. Consequence of withdrawing consent to the collection, use and disclosure of personal data**

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us. But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

**4. Access and correction rights**

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg). For any request to withdraw your consent, please contact Income Contact Centre at 6788 1777 or email to [consentwithdrawal@income.com.sg](mailto:consentwithdrawal@income.com.sg).

**Declaration and authorisation**

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the 'Personal data collection statement'.

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,

- a. I authorize any person or organization who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
- b. I authorize Income and its claims service providers to collect, use, disclose and to exchange with the persons or organizations listed above any information (including personal health information).
- c. I am authorized to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Name of policyholder /authorised signatory: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date (dd/mm/yyyy) : \_\_\_\_\_

Company stamp: \_\_\_\_\_

**Before sending this to us, please make sure you have filled in all the relevant sections related to your claim in full and you have attached the documents we have asked for together with the form. We will process your claim when we receive the full supporting documents. Please send the claim documents to any of our branches. Or, you can give them to your insurance agent, or post them to : Property & Casualty Claims, Income, PO Box 0132, Singapore 911802.**

## Supporting documents

The below documents which have been **marked** will be enclosed with the claim form.

---

- 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**
- 

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.