

Home insurance 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 completed claim 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.

Policy number:	
Claim number: (For official use)	

Personal details of policyholder

Name (as shown in NRIC, FIN or Passport)		NRIC, FIN or Passport number	
Mailing Address		Nationality	Occupation
Contact number (Office)	(Home)	(Handphone)	Email
Ownership status <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Mortgagee			Name of Mortgagee (if applicable)
Note: For death claim, to fill in the details of the person filing the claim under the policyholder.			

Payee's details

With immediate effect, we will ONLY make payment via direct transfer to Policyholder's bank account. Please indicate the bank details below clearly for us to process the payment and to avoid any delay to the claim settlement.

Full name (as shown in the bank account)	Nationality	Name of Bank	Bank Account Number
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Details of occurrence

Date of Incident (dd/mm/yyyy)	Time of Incident	Place of Incident
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 (e.g. HDB or MCST Fire Insurance) covering the property concerned?
If so, please state the name of insurer and policy number.

Yes No

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\$

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

This is not a full list and we may ask for other documents.

Personal data use statement

By providing the information and submitting this form, I/we give my/our consent to NTUC Income Insurance Co-operative Limited, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <https://www.income.com.sg/privacy-policy> and/or appointed distribution partners to collect, use, and disclose the information (including any updates) for the purposes of processing and administering this insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including sending me corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example information of my spouse, child, ward, parent or employee) is provided by me/us, I/we represent and warrant that I/we have obtained the consent of the third party to provide Income with their personal data for this application or transaction.

The consent provided by me in this form is in addition to and does not supersede any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn and notified to Income.

I may withdraw my above consent by contacting Income Contact Centre at 6788 1777 or submitting my request via Income website at <https://www.income.com.sg/contact-us/customer-enquiry-form>.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

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 use 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: _____

Signature: _____

Date (dd/mm/yyyy) : _____

Claim submission instruction

You may email the completed claim form and supporting documents to plineclaims@income.com.sg. Please keep the original copy of the supporting documents for 6 months as we may request for them on case by case basis prior to settlement of the claim.