

SINGTEL HOME PROTECT CLAIM FORM

Important Notice :

- Great Eastern General Insurance Limited ("Company") does not admit liability by the mere issuance of this or any other forms.
- Medical reports and Diagnostic reports (for damaged items) must be furnished at claimant's expense.
- Kindly send your completed claim form, together with the supporting documents, within 30 days from the date of event, to help us in the claim processing.

Policy No Claim Number (For Official Use)

A. INSURED PERSON DETAILS

Name (As shown in NRIC or Fin) Gender ☐ Male ☐ Female

Date of Birth NRIC/Fin/Passport No

Address

Contact No. E-Mail

OTHER INSURANCES

Are there any other insurance policies covering you in respect of this incident? If yes, please declare details :-

Name of Insurer	Policy No.	Claim Notified	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. DESCRIPTION OF CLAIM

- Type of claim (please tick the correct type)

☐ Fire and insured perils
 ☐ Personal Liability
 ☐ Family Personal Accident
 ☐ Home Improvement
 ☐ Singtel Bill Protection
 ☐ Home Assistance Services
- Date and time
- Place of loss/damage
- Description of incident
- Nature of loss/damage
- When was it discovered and by whom?
- Name and address of person responsible for the loss/damage
- For loss of property/legal document, please state the place, date and time when it was last seen by you
- Do you own the property? Yes ☐
 If no, please provide name and address of the owner
- Is any part of the premises lent, let or sub-let or are receiving paying guests? No ☐
 If yes, please provide details

C. LOST/DAMAGED PROPERTY

- Can the damaged item be repaired? ☐ No ☐ Yes
 * If no, please provide a copy of the assessment report to confirm that the damaged item(s) is/are beyond repair.
 * If yes, please provide us with the repair quotation.
- Provide full description of lost/damaged items in the table below

Details of lost or damaged item(s) (Make & Model)	Details of damage/loss	Purchase Date (dd/mm/yy)	Purchase Price (S\$)	Amount Claimed

* If there is not enough space above to list out all the damaged and/or lost items, please attach another page.

D. PERSONAL LIABILITY

- Name, Address and Contact No of the owner of the damaged property
- Approximate value of the damaged property
- Estimated cost of repairs to rectify the damage
- How was the owner related to you? ☐ Friend ☐ Relative ☐ Not related in any way
☐ Others, please specify
- Has any claim been made upon you? ☐ No ☐ Yes
 If yes, by whom and for what amount
- Have you admitted responsibility in any way? ☐ No ☐ Yes
 If yes, please furnish particulars
- Details of persons injured (Please provide details of all persons injured)

Name/Address/Contact No.	Occupation	Relationship	Age	Nature of injuries/remarks

E. FAMILY PERSONAL ACCIDENT

1. DETAILS OF DECEASED (For Death Claim Only)

- Name (As shown in NRIC or Fin) NRIC or FIN
- a) Did the Deceased leave a Will? ☐ No ☐ Yes
- b) What was the Deceased's marital status? ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
- c) Surviving family members of the Deceased ☐ Father ☐ Mother ☐ Spouse ☐ Children ☐ Siblings
- i) No. of children / siblings and their ages

2. DETAILS OF DEATH / PERMANENT TOTAL DISABLEMENT

IMPORTANT NOTE: Completed doctor's statement is required for permanent total disability claim.

Link to download the form:

<https://www.greateasternlife.com/content/dam/great-eastern/sg/homepage/personal-insurance/get-help/make-a-claim/total-permanent-disability-claim/permanent-disability-doctor-statement.pdf>

a) Date of accident	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	b) Time	<input type="text"/>
c) Place of accident	<input type="text"/>							
d) How it happened	<input type="text"/>							
	<input type="text"/>							
e) What were the injuries sustained?	<input type="text"/>							
f) Was a police report made?							No	Yes
g) Was autopsy and toxicology carried out?							No	Yes
h) Was any of the following improvement made within your home? (In the event of a Permanent Total Disablement claim)							No	Yes
<input type="checkbox"/> Slip-resistant treatment to flooring	<input type="checkbox"/> Grab bars						<input type="checkbox"/> Foam Flooring	
<input type="checkbox"/> Ramps	<input type="checkbox"/> Camera monitoring/Emergency alarm system							
Amount Claimed	<input type="text"/>							

3. MEDICAL RECORDS OF THE DECEASED

Date	Diagnosis & test	Name & Address of Doctor(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

F. SINGTEL BILL PROTECTION

1. Date service was disrupted	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Time service was disrupted	<input type="text" value="H"/>	<input type="text" value="H"/>	<input type="text" value="M"/>	<input type="text" value="M"/>
2. Date service was resumed	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Time service was resumed	<input type="text" value="H"/>	<input type="text" value="H"/>	<input type="text" value="M"/>	<input type="text" value="M"/>

G. HOME ASSISTANCE SERVICES

1. Type of claim	<input type="checkbox"/> Electrical
	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Locksmith
	<input type="checkbox"/> Air-Conditioning
	<input type="checkbox"/> Pest Control
2. Amount Claimed	<input type="text"/>

H. MODE OF PAYMENT (PLEASE TICK ONE)

1. ☐ PayNow (Link to NRIC)

I/We confirm that I/we have registered with PayNow and I/we have linked my/our Singapore NRIC to my/our bank account ("PayNow Account") whereby I/we am/are the legal and beneficial owner of the PayNow Account. I/We hereby authorize and instruct Great Eastern General Insurance Limited to deposit the payment that is payable to me/us into my/our PayNow Account as well as to verify my/our PayNow Account with the respective Bank (where necessary). In the event that the PayNow transaction is unsuccessful, I/we agree and acknowledge that a cheque for the payment will be issued to me/us.

2. ☐ Cheque

I. DECLARATION, AUTHORISATION & CUSTOMER'S DATA PRIVACY CONSENT

DECLARATION AND AUTHORISATION

I/We hereby declare that the particulars stated above are true and correct in every detail and I/we agree that if I/we have made or in any further declaration in respect of the same claim shall make any false or fraudulent statements or suppress conceal or falsely state any material fact whatsoever the relevant insurance policies shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

Without prejudice to the consent given below in respect of my/our personal data, I/we hereby authorise any hospital physician, other person who has attended or examined me/us, to furnish to the Company, or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A copy of this authorisation shall be considered as effective and valid as the original.

PERSONAL DATA

In addition to the declaration and authorisation provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate, admit, process and/or administer my/our claims.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greateasternlife.com/sg/en/pncpolicies.htm> and which I/we confirm I/we have read and understood.

Name & Signature of Insured

Date Signed

D	D	M	M	Y	Y
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Name & Signature of Claimant

Date Signed

D	D	M	M	Y	Y
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I. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Below is a list of minimum documentation required to review your claim. Please retain an original copy of the supporting documents listed below as they may be required for verification of your claim. Please be advised that the list of documents below is not exhaustive and further document/information may be required for the review of your claim.

(Please tick against the documents you have submitted)

- ☐ Invoices/receipts showing date, price and place of purchase of the damaged/loss items(s) set out above in Section C
- ☐ Colour photographs showing the damaged items(s)/property
- ☐ CCTV footage showing the circumstance of the incident (if any)
- ☐ Assessment report from repairer on the cause and extent of damage to the damaged item(s)
- ☐ 3 quotations for repair/replacement of the lost or damaged item(s)
- ☐ 3 quotations for the modification/improvement to home (For Home Improvement)
- ☐ Copy of Police report – For Theft and Malicious Damage
- ☐ Singtel Bill (For Singtel Bill Protection)
- ☐ Invoices for the respective services (For Home Assistance Services)
- ☐ Invoices for after repairs/replacement of the lost or damaged item(s)
- ☐ Invoices for the modification/improvement to home (For Home Improvement)

Death Claim :

- ☐ Death Certificate, certified true copy by our Customer Service Officer or Notary Public
- ☐ Copy of the NRIC of the Claimant
- ☐ Copy of Proof of Relationship i.e: Marriage / Birth Certificate
- ☐ Copy of Deceased's Will (if any)
- ☐ Copy of autopsy/ post-mortem and toxicology report (if any)

Permanent Total Disablement Claim:

- ☐ Completed doctor's statement
- ☐ Available Laboratory or test results (if any)