

## PROPERTY CLAIM FORM

The Insured is required to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to Great Eastern General Insurance Limited ("Company"). The acceptance of this form is not itself an admission of liability on the part of the Company.

Agency: \_\_\_\_\_ Contact No. \_\_\_\_\_ Email: \_\_\_\_\_

### A. DETAILS OF INSURED

Policy No. : \_\_\_\_\_  
Insured Name : \_\_\_\_\_  
NRIC / UEN No. : \_\_\_\_\_ GST Registered: Yes / No\*  
Mailing Address : \_\_\_\_\_  
Contact Person : \_\_\_\_\_ Contact No. : \_\_\_\_\_  
Email : \_\_\_\_\_

### B. CIRCUMSTANCES OF LOSS OR DAMAGE

Nature of loss or damage : \_\_\_\_\_  
Date and Time : \_\_\_\_\_  
Address where the event occurred: \_\_\_\_\_  
Detailed circumstances of the : \_\_\_\_\_  
loss/damage. \_\_\_\_\_  
\_\_\_\_\_ ( Use a supplementary sheet if necessary )

If known, state name and address of person causing loss or damage:-

Name : \_\_\_\_\_  
Address : \_\_\_\_\_

### C. POLICE

Were particulars taken by or reported to the police? Yes / No\*

If YES, (a) Give name of Station: \_\_\_\_\_

(b) Attach a copy of the police report.

N.B. The Police must be informed immediately if the property has been lost, stolen or maliciously damaged.

*\*Delete as required*

#### D. DETAILS OF PROPERTY DESTROYED OR DAMAGED

Please note :

1. Property damaged, lost, or stolen are to be described in detail.
2. Receipts showing date, price and place of purchase of the articles set out below should accompany this form.
3. The Insured must promptly take all possible steps to trace/recover the property lost.
4. In the case of damaged property, an estimate for repair should be submitted. If the property is not repairable, a letter from repairers to that effect should be forwarded. All salvage must be retained.
5. Photographs

( 1 ) Full Description of Property Lost or Damaged	( 2 ) Quantity	( 3 ) Original Purchase Price	( 4 ) Purchase Date	( 5 ) Value at Time of Loss After Deduction for Wear and Tear	( 6 ) Deduction For Value of Salvage	( 7 ) Amount Claimed
<b>TOTAL AMOUNT CLAIMED</b>						

Do you own the property? Yes / No\*

If NO, give name and address of the owner.

Name : \_\_\_\_\_

Address : \_\_\_\_\_

#### E. ADDITIONAL QUESTIONS FOR GLASS BREAKAGE CLAIMS ONLY

Size of broken glass panels : \_\_\_\_\_

Type of glass : \_\_\_\_\_

Situation (eg. door, window, showcase, etc) : \_\_\_\_\_

#### F. OTHER INSURANCE POLICIES

Is there any other insurance on the property? Yes / No\*

If YES, provide details :

Company	Policy No	Sum Insured	If interest covered is different from that covered in our policy, give details.

\*Delete as required

## G. CLAIMS HISTORY

Have you ever sustained loss of this nature previously? Yes / No\*

If YES, provide details \_\_\_\_\_

Have you ever made a claim of this nature upon any insurance company? Yes / No\*

If YES, provide details :

Name of Insurer	Claim No.	Date of Loss	Nature of Loss	Amount Paid

## H. MODE OF PAYMENT

PayNow is the default settlement option up to S\$200,000 for Insured who has registered with PayNow and has linked your Singapore NRIC or UEN to the bank account ("PayNow Account"). You hereby authorize and instruct The Company to deposit the payment that is payable to you into your PayNow Account as well as verify your PayNow Account with the respective Bank ("where necessary").

☐ PayNow

Name of Account Holder:

PayNow UEN number (for Corporate)

PayNow NRIC Number (for Individual)

☐ Direct credit into your bank account.

Please provide supporting documents such as bank statement for verification of payee details.

Name of Bank	Bank Code	Branch Code	Bank Account Number	Account Holder's Name

## I. DECLARATION, AUTHORIZATION AND CONSENT

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.

### PERSONAL DATA

In addition to the declaration 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' authorized 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 <https://www.greateasternlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Date : \_\_\_\_\_ Name and Signature of Insured : \_\_\_\_\_  
(Company's Stamp If Applicable)

*\*Delete as required*