

CLAIM FORM

SECTION A: POLICYHOLDER DETAILS

Home Insurance Policy Number

Policyholder Name

Address

Block No.

Unit No.

Street/Building Name

Postal Code

Phone Number

Email Address

Please indicate if you are a staff member of Singlife Yes No

SECTION B: INCIDENT DETAILS

Settlement to be made to Insured Other

If Other, please specify

Place of incident, loss, illness or death

Date and time of incident, loss, illness or death

Date

Time

Description of incident, loss, illness or death

Are there any other insurance policies covering you for this incident/loss? Yes No

If Yes, please provide details of insurer, policy number and amount recoverable.

What are you claiming for?

- | | | |
|---|---|---|
| <input type="checkbox"/> Household Contents | <input type="checkbox"/> Renovations | <input type="checkbox"/> Building |
| <input type="checkbox"/> Family Worldwide Liability | <input type="checkbox"/> Tenant's Liability | <input type="checkbox"/> Removal of Debris |
| <input type="checkbox"/> Capital Additions | <input type="checkbox"/> Professional Fees | <input type="checkbox"/> Alternative Accommodation / Loss of Rent |
| <input type="checkbox"/> Emergency Cash Allowance | <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Loss of Content Temporarily Removed |
| <input type="checkbox"/> Household Removal | <input type="checkbox"/> Visitor's Personal Belongings | <input type="checkbox"/> Domestic Assistance |
| <input type="checkbox"/> Home Care Pack | <input type="checkbox"/> Conservancy Charges | <input type="checkbox"/> Utilities Bill Relief |
| <input type="checkbox"/> Breakage of Fixed Glass / Mirror | <input type="checkbox"/> Loss of Personal Money, Debit and Credit Cards | <input type="checkbox"/> Home Cleaning Expenses |
| <input type="checkbox"/> Loss of Personal Papers | | <input type="checkbox"/> Psychiatric Services |

Optional Cover

- | | | |
|--|---|---|
| <input type="checkbox"/> Replacement Locks | <input type="checkbox"/> Food in Freezers | <input type="checkbox"/> Bicycle / Personal Mobility Device |
| <input type="checkbox"/> Family Cyber Risk Protector | <input type="checkbox"/> Family Worldwide Personal Accident | |

SECTION C: PERSONAL, FAMILY, THIRD PARTY LIABILITY

Please note that any correspondence you receive regarding this incident should be sent to Singapore Life Ltd. immediately.

Was the accident due to carelessness, or negligence on your part? Yes No

Have you in any way admitted liability? Yes No

Name and address of any witness to the incident

If any, which Police Officer and Police Station did you report the occurrence?

Name and address of the other party/parties

Nature of the personal injury sustained by any person

Extent of the damage to the property belonging to the other party/parties

If a claim has been made against you, was the claim amount specified? Yes No

If Yes, what is the amount?

Please provide any additional information, which you consider would help Singapore Life Ltd. in dealing with any claim that may be made against you.

Please provide a description of the Insured property and the nature and extent of the loss or damage.

Please list the following details for each item that you are claiming for:

	Description of Item including Make & Model/Amount of cash	Original Purchase Date & Price	Where and when purchased	Receipts Attached	Amount you are claiming for (SGD)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

SECTION C: PERSONAL, FAMILY, THIRD PARTY LIABILITY(continue)

Are you the sole owner of all of the property listed? Yes No
If No, please provide details of any other parties.

Is any of the property claimed for subject to a hire purchase or loan agreement? Yes No
If Yes, please give details of the hire purchase and/or loan agreements.

SECTION D: MODE OF PAYMENT

Once your claim is approved, you'll receive an email from us and your claim payout will be paid via PayNow within 3 business days.

Please ensure that your PayNow account is registered under your NRIC in order to receive the payment successfully. Otherwise, the bank will mail you a physical cheque in 14 business days.

SECTION E: DECLARATION & AUTHORISATION

By submitting this form online, I hereby confirm that the information given in this form are true and correct to the best of my knowledge and belief and that no other material information has been withheld or any relevant circumstances omitted. I agree that if I have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited. I further agree that if, as a result of error in the information I have provided in this form, payment of the claim is made to another person, Singapore Life Ltd. shall have the right to withhold payment of my claim until such payment has been recovered by Singapore Life Ltd.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at <https://singlife.com/en/pdpa>. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

I hereby authorise any hospital physician, other person, who has attended or examined me, to furnish Singapore Life Ltd. (referred to as "Singlife"), 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 photo copy of this authorisation shall be considered as effective and valid as the original.

Date

Signature of Insured

Name of Insured

Once this form is fully completed, print, sign and send it with any receipts and supporting claim documents to:

Home Insurance Claims
Singapore Life Ltd.
4 Shenton Way, #01-01, SGX Centre 2 Singapore 068807

Note: The acceptance of this form is NOT an admission of liability on the part of Singapore Life Ltd.

SECTION F: DOCUMENTS PROVIDED

1. Police report if applicable.
2. Death certificate, autopsy report and coroner's findings (death claim)
3. Proof of relationship between deceased and claimant (death claim)
4. Medical report or discharge summary on onset date, cause, extent or permanent disability (if applicable) and nature of injury or illness
5. Dog or Cat Pedigree certificate and confirmation from a qualified and registered veterinarian of the cause of the animal's death
6. Letters confirming cost of replacement documents etc.
7. Original receipts or bills
8. Loan or hire purchase agreements
9. Contractor's invoice(s)
10. Any other supporting documents