



**redefining / standards**

**AXA INSURANCE SINGAPORE PTE LTD**

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Co. Reg No. 196900406D

GST Reg No. M2-0009922-2

## GENERAL CLAIM FORM

The issuance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

Policy No.:		Date of Expiry:	
<b>THE INSURED</b>			
Name of insured:		NRIC/Passport No.:	
Private Address:		Tel No.:	H/P No.:
Business Address:		Email:	
Occupation/Business:		Tel No.:	Fax No.:
Is your company GST registered? <input type="checkbox"/> Yes <input type="checkbox"/> No		GST Registration No.:	
<b>THE LOSS OR DAMAGE</b>			
Nature of loss or damage			
Date:	Time:	Place:	
Describe fully how it occurred:			
When and discovered by whom?			
State name and address of person responsible for the loss or damage.			
At what place, date and time was the property last seen by you?			
Is any part of the premises lent, let or sub-let or are receiving paying guests? If so, give details.			
Are there any steps taken to prevent a recurrence? If yes, give details.			
Is there any other insurance on the property? If yes, give details.			
What is the total value of the Property as at date of occurrence?			
Do you own the property? If no, give name and address of the owner.			
Is the property subject to a hire purchase or loan agreement? If yes, give name and address of finance or lending company.			
<b>ADDITIONAL QUESTIONS FOR GLASS BREAKAGE CLAIMS</b>			
Size of broken glass.			
Type of glass.			
Situation (eg. door, window, showcase etc.)			
<b>THE POLICE</b>			
Were particulars taken by or reported to the police? If yes, (a) give name of station (b) give date and time (c) attach a copy of the report			

Articles actually lost or stolen are to be described first in the detailed list below. Articles which have been damaged must also be described and shown at the end of the list.

**PARTICULARS OF CLAIM**

Describe the Property lost, destroyed or damaged	Where and when bought	Price Paid/Estimated Cost of Repair	Value at the Time of Loss	Depreciation/ Salvage Value	Amount Claimed
Total					

**IMPORTANT NOTICE**

1. Please submit this claim form together with the following:-
  - (a) Invoices/receipts showing date, price and place of purchase of the articles/property set out above
  - (b) Colour photos showing the damaged property &/or CCTV footage showing circumstances of incident
  - (c) Assessment report from repairer on the cause and extent of the damaged property
  - (d) At least 2 quotations for repair/replacement of the lost or damaged property
  - (e) Original repair/replacement invoices/receipts
  - (f) Police report and/or incident report
  - (g) All correspondences exchanged between you and the negligent third party
2. The Insured must promptly take all possible steps to trace/recover the property lost and in the case of theft to discover and punish the guilty party/parties.
3. The Insured have a duty to take immediate action to mitigate loss by taking necessary measures to minimize and prevent further loss or damage.
4. All salvage must be retained.

**THE DECLARATION**

I/WE hereby declare that the Property claimed for has been lost, stolen, destroyed or damaged, and that these particulars are true to the best of my/our knowledge and belief.

Date	Signature of Insured (with Company Stamp)	
Designation	Name	NRIC No.