



QBE Insurance (International) Limited

A member of the worldwide QBE Insurance Group Unique Entity No. S16FC0047K
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COMBINED CLAIM FORM

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

HOW TO COMPLETE THIS FORM

1. Please complete 1. to 7. and 13.
2. Please complete the remaining relevant portion e.g. 9. for Fire Loss, 11. for Personal Accident etc.

WHAT TO DO IN THE EVENT OF A CLAIM

1. Attach all quotations obtained for replacement of or repair to the damaged or missing property.
2. Attach valuations and receipt for purchases whenever possible.
3. Advise Police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage, Travellers Baggage.
4. Attach any letter of demand or other correspondence that you may receive from any Third Party.
5. Do not make any admission of liability for loss or damage caused by you to third parties.

1. CLAIM NO.:

2. CLIENT NO.:

3. POLICY NO.:

4. ACCOUNT NO.:

5. THE INSURED

Name:		Telephone No.:	
Address: Post Code:		Policy No.:	Expiry Date:
		Has the premium been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of other Interested Parties (Hire Purchase, Lease, etc.), if any:			
Are there any other Insurances in force which would cover this in whole or in part? If answer is "Yes", please advise: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Insurer:			
Policy Details:			

6. DETAILS OF LOSS DAMAGE OR OCCURRENCE

Date of Loss/Damage/or Occurrence:	Time:	A.M./P.M.
When was Loss/Damage/or Occurrence reported to you (if applicable):	Time:	A.M./P.M.
Place and/or Premises where it occurred:		
Please state full particulars how Loss, Damage or Accident occurred:		
Please describe Nature of Damage or Injury:		

7. RESPONSIBILITY/WITNESSES

Was another person, in your opinion, responsible or loss or damage or cause of the occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If reply is "Yes", please give full details:	
Name	
Address Post Code:	Telephone No.:
Reasons	
Was there a witness/or witnesses to this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If reply is "Yes", please give full details:	
Name	
Address Post Code:	Telephone No.:

8. BURGLARY LOSS

If claiming under Multi Risk, Housebreaking, Theft, Malicious Damage, Baggage, advise the following:

(a) Full details of method used by offender:

(b) When were the Police notified:

Time:

A.M./P.M.

Police Station:

Officer Name:

State reason if not reported to Police:

(a) Has the loss been advertised.

Yes No

If answered "Yes", give particulars and send copy of advertisement with this form:

(b) When was the property last seen by you:

(c) At the time of loss how long had premises been unoccupied:

9. FIRE LOSS

(a) Are you the sole owner of the damaged property?

Yes No

If "No" give details of interested parties:

(b) What was the total value of the property insured by the policy at the time of the loss?

Building \$

Contents \$

10. WINDSTORM AND FLOOD

(a) If claiming for windstorm/Hurricane/Cyclone/Typhoon/Water Damage/Food, advise the following:-

(1) Through what type of opening did Wind, Rain or Water enter premises:

(2) Did Windstorm/Hurricane/Cyclone/Typhoon cause opening to premises:

Yes No

If answered "Yes" describe cause:

11. PERSONAL ACCIDENT

(a) What is the name and address of the doctor attending to you?

(b) In respect of Temporary Disablement from engaging in or giving attention to profession of occupation; how long have you been:

(1) Totally disable?

From:

To:

(2) Partially disable?

From:

To:

(Please attached medical certificate and/or report)

12. LEGAL LIABILITY

(a) Name and Address of injured person or owner of damaged property.

Name

Address

Telephone No.:

(b) Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub-contractor to you, or a relative to you? If answered "Yes", give details:

Yes No

(c) Has any claim been made upon you.

Yes No

If answered "Yes", state details and attach with form All Communication received:

13. INSURANCE HISTORY

(a) Have you ever previously sustained Loss/Damage/or caused Damage or Injury to Third Parties? Yes No

If answered "Yes", give details of such losses and amounts involved:

(b) Was an Insurance Company involved?

Yes No

If answered "Yes", please state below name of company and year of claim:

14. DESCRIPTION OF PROPERTY LOST OR DAMAGED

If insufficient space, please attach separate list

Description of Property Lost or Damaged	From Whom Purchased	Date of Purchase	Original Purchase Price	Deduction for Depreciation and Wear and Tear	Amount Claimed
		TOTAL			

I/We the Insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby any fraud or wilful misrepresentation and that the information shown on this form is true and that I/We have not concealed any information relating to this claim.

Name & Signature
Date:

ACKNOWLEDGEMENT

Without Prejudice

<p>To be completed by insured person</p> <p>Name : _____</p> <p>_____</p> <p>Address : _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>We acknowledge receipt of your documents and assure you that the matter is receiving our attention. Meanwhile, for any enquiries, please contact _____</p> <p>at Telephone No: 6477 _____</p> <p>Our file reference: _____</p> <p>Yours truly QBE Insurance (International) Limited</p> <p>_____ Claims Dept Date:</p> <p>cc. Intermediary (if applicable)</p>
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