

## CLAIM FORM

## ALLIANZ GENERAL PROPERTY INSURANCE

### THE INSURED IS REQUESTED TO NOTE:

- (a) Before submitting details of loss or damage the Insured is requested to read the Terms & Conditions of the policy.
- (b) Please state all relevant information requested in this claim form truthfully and accurately. Any documents or reports required to process this claim shall be furnished at the expense of the Insured.
- (c) This form must be filled up and delivered to the Company by email or by post together with proof of value, loss and/or damage and all supporting documents as soon as possible.
- (d) The Insured must promptly take all practicable steps including to lodge a police report and provide a copy of the report to the Company when required.
- (e) Please do not admit liability to any party or make any attempts to negotiate a settlement without our written consent. Other than a simple acknowledgement, no other communications should be made.
- (f) If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under the policy, your claim may be declined and all benefits under your policy may be forfeited.
- (g) The issuance or acceptance of this form is not an admission of liability by the Company.

Type of Claim  Damage to Property  Business Interruption/Loss of Profit

## SECTION I : POLICY INFORMATION

Product Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

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

UEN No: \_\_\_\_\_

Risk Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_

## SECTION II : INSURED INFORMATION

Name of Insured (As per NRIC/FIN): \_\_\_\_\_

NRIC/FIN No: \_\_\_\_\_ Gender:  Male  Female

Contact Details: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_ (Email) \_\_\_\_\_

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

### SECTION III : OCCURRENCE INFORMATION

Date & Time of Occurrence of Incident: (DD) (MM) (YYYY) | (Hours) (Mins)  AM  PM

When was the loss/damage/occurrence reported to you (if applicable): (DD) (MM) (YYYY) | (Hours) (Mins)  AM  PM

When was the loss/damage/occurrence discovered: (DD) (MM) (YYYY) | (Hours) (Mins)  AM  PM

Were the Premises occupied at the time of the occurrence?  Yes  No  
If no, when was the last occupancy?

Full particulars of circumstances surrounding the loss or damage to the best of your knowledge and belief:

For what Purpose(s) were the Premises being used on the date of Occurrence?

Please provide particulars of person(s) responsible for the loss/ damage/occurrence:

Name:

Role in the Company (if the person is an employee):

Nature of work:

Address:

Contact no:

Email Address:

Police Station to which loss/damage was reported:

Date of Reporting: (DD) (MM) (YYYY)

Report No. (Please provide a copy of the police report, if any):

Has a thorough search been made for the lost articles(s)?

Yes  No

(a) By whom was loss discovered?

(b) Date and time when article(s) last seen?

(c) By whom last seen and where?

(d) Were there any signs or evidence of forcible and violent entry?

Are you the sole owner of the property lost or damaged?

Yes  No

If no, please provide name and contact information of other interested parties (Hire Purchase, Lease, Tenancy Agreement etc.) and a copy of the agreements.

Was there, at the time of Occurrence, any other existing Insurance effected on the insured Property?

Yes  No

If yes, please provide name of insurer(s) and policy number(s):

Was there any eye-witness?

Yes  No

If yes, please provide name, address, contact no. and job role in your Company:

What are the steps taken by your Company to prevent a recurrence?

Please provide details and attach a copy of your action plan.

Have you previously sustained a loss/damage under similar circumstances?

Yes  No

If Yes, please give details:

In respect of Fire, Burglary and Money losses, please state whether there has been any alteration in the occupation or use of the property since the Policy was taken up?

Yes  No

If yes, please give details:

### SECTION IV : STATEMENT OF CLAIM

Item No.	Description Of Lost/Damaged Property Or Article	Date Of Purchase	Cost Price Of Property/Article	Estimated Value At The Time Of Loss/Damage	Value Of Salvage	Net Amount Claimed After Deduction Of Such Salvage

Item No.	Description Of Claim (Gross Profit/Wages)	Estimated Claim Amount

Please provide calculation breakdown, if any.  
If there is insufficient space, please attach the calculation sheet behind this claim form.

### SECTION V : DETAILS OF OTHER INSURANCE CLAIMS

Name Of Insurer	Policy No	Type of Benefit/Plan	Date of Filed Claim (If Any)	Amount Claimed

## PERSONAL INFORMATION COLLECTION STATEMENT

Allianz Insurance Singapore Pte. Ltd. ("Allianz" or "we" or "us"), believes that an individual's Personal Information should be handled with the utmost respect and we are committed to protecting their privacy and confidentiality.

### 1. Purpose Of Collecting Personal Data

We may use the personal data for the following purposes:

- (a) processing and evaluating your insurance application, including submitting your application for reinsurance purposes;
- (b) administering your insurance policy and providing services in relation to your insurance policy;
- (c) investigating, process and pay claims made under your insurance policy;
- (d) invoicing and collecting premiums and outstanding amounts from you;
- (e) verifying your identity;
- (f) detecting and preventing fraud;
- (g) carrying out market research for business insights;
- (h) conducting statistical analysis and profiling analysis;
- (i) conducting research and quality assurance;
- (j) responding to, handling, and processing queries, requests, applications, complaints, and feedback from you;
- (k) complying with any applicable laws, regulations, codes of practice, guidelines, or rules, or to assist in law enforcement and investigations conducted by any governmental and/or regulatory authority;
- (l) facilitating and managing business operations, including but not limited to disaster recovery, data entry and data storage; and
- (m) any other incidental business purposes related to or in connection with the above

### 2. Disclosure Of Personal Data

We may disclose or transfer, within or outside of Singapore, your personal data for the purposes set out above to:

- (a) our related or associated companies, insurance intermediaries, financial institutions, professional advisers, consultants and auditors;
- (b) insurers and reinsurers;
- (c) medical institutions and professionals;
- (d) industry associations;

- (e) debt collection agencies;
- (f) parties who assist us in claim investigation, administration and adjudication;
- (g) service providers, agents, contractors, delegates, suppliers or third parties (or subcontractors of the foregoing) which we may appoint from time to time to provide us with services in connection with the services that we offer to you, and their directors, officers, employees, representatives, agents or delegates. These service providers with whom we have contractual relationships are required to provide a standard of protection to the transferred personal data that is comparable to the protection under the Singapore Personal Data Protection Act 2012 and consistent with our personal data protection policies and practices; and
- (h) regulators, government agencies and law enforcement agencies.

### 3. Withdrawal Of Consent

The consent that you provide for the collection, use and disclosure of your personal data will remain valid until such time it is being withdrawn by you in writing. You may withdraw consent and request us to stop using and/or disclosing your personal data at any time for any or all of the purposes listed above by submitting your request in writing to our Data Protection Officer at the contact details provided below. Your withdrawal consent will take effect within 30 days of receiving your request. Consequently, we will cease to collect, use or disclose your Personal Information, unless it is required under the Personal Data Protection 2012 or any other written Applicable Laws. If you withdraw your consent to any of the above, we may not be able to provide you with the services that you have requested for and we will inform you of the consequences of such withdrawal of consent where applicable.

### 4. For Enquiries Relating To Personal Data Protection, Access Or Correction Of Your Personal Data, Please Write To Us At:

The Data Protection Officer  
Allianz Insurance Singapore Pte. Ltd.  
79 Robinson Road #09-01  
Singapore 068897  
Email: dpo@allianz.sg

**DECLARATION**

I/We hereby declare that I/We have complied with the policy Terms & Conditions, all information provided in this claim form and documents submitted are true, accurate and complete to the best of my knowledge. I/We certify that I/We have not withheld any material information. I/We understand that if I/we intentionally made any false or fraudulent statement or conceal any material fact, Allianz reserves the right to repudiate the claim. I/We undertake to advise Allianz promptly of all developments in connection with the claim.

I/We hereby give consent to Allianz and its third parties service providers, related entities, business partners, employees and agents to collect, use, disclose and/or transfer, within or outside of Singapore, all personal data related to me and other individuals provided by me in this application for one or more abovementioned purposes. I/We warrant that I/We have obtained consent from the other individuals whom personal data furnished by me/us in this application for one or more abovementioned purposes.

I/We confirm that I/We understand and agree to the Personal Information Collection Statement.

Signature of Insured: \_\_\_\_\_

Company Stamp: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

## DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Kindly provide the following documents for us to assess your claim. Additional information may be required for further verification.

(Please tick against the documents you have submitted)

### Damage To Property

- Incident/Investigation Report
- Maintenance records of the equipment/ machinery/ damaged items in question
- Contract agreement with your maintenance contractor
- Invoices/receipts showing date, price and place of purchase of the lost/damaged property
- Colour photographs showing the damaged property and/or CCTV footage capturing the accident/ circumstances of the incident
- Technical/ Assessment report from repairer on the cause and extent of the damaged property
- At least 2 quotations for repair/replacement of the damaged property
- Post-repair colour photographs showing the repaired/ replaced property
- NEA Report - For Lightning and Windstorm
- Police Report – For Theft, Malicious Damage or any suspected criminal acts
- Stop Work Order or equivalent government orders
- Accounting records of money lost

### Business Interruption/Loss Of Profit

- Inventory Records for the period before the loss, during the loss and the period after the loss
- Production Records for the period before the loss, during the loss and the period after the loss
- Payroll Records for the period before the loss, during the loss and the period after the loss
- Cost Accounting Records for the period before the loss, during the loss and the period after the loss
- Profit & Loss Statements before the loss, during the loss and the period after the loss
- Sales Records for the period before the loss, during the loss and the period after the loss
- Receipts, Invoices or purchase orders for standing charges or working expenses

### Note:

Please obtain Insurer's approval for any repair works and expert opinions may be required.