

GENERAL CLAIM FORM

Class of Risk: _____ Agency: _____

The Insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company. The acceptance of this Form is not in itself an admission of liability on the part of the Company.

(1) PARTICULARS OF THE INSURED

Name : _____

Address : _____

Contact No : _____ Policy No : _____

Business / Occupation : _____

Are there any other insurance in force which would cover this loss in whole or in part ? Yes or No

If yes, please state : _____

(2) DETAILS OF THE ACCIDENT / LOSS / INJURY

Date: _____ Time : _____ Location : _____

Describe in detail how it occurred : _____

Nature & Extent of the Damage / Loss / Injury (full description) : _____

Have you ever before sustained / suffered damage / loss / injury of a similar nature ? Yes or No

At which Police Station was this damage / loss reported ? _____

(3) PARTICULARS OF THE THIRD PARTY PROPERTY / INJURY

Name : _____

Address : _____

Nature & Extent of Damage / Injury : _____

Comments (if any) : _____

STATEMENT OF CLAIM

ITEM NO	DESCRIPTION OF ITEMS (SECTION 1-25 applicable to Travel Personal Accident Policy) TOGETHER WITH SUPPORTING DOCUMENTS and ORIGINAL RECEIPTS	REMARKS

DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I consent to the collection, use, disclosure of and/or process of my personal data (whether contained in the Claim Form or otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore’s Do Not Call Registry)

Yes, I have read and agreed to the above Data Privacy Statement.

.....
 Signature of Claimant

Name:
 NRIC/FIN/Passport No

I / We hereby declare that all the statements contained in this form are true and correct to the best of my / our knowledge and I / We undertake to advise the Company promptly of all developments in connection with any claim.

Date : _____ Day _____ Year

Signature & the)
 Company’s Stamp)
 (if applicable))