



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG NO: M90370081T
 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
 SINGAPORE 039190
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GENERAL INSURANCE CLAIM FORM

IMPORTANT NOTICE

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

PARTICULARS OF INSURED	
Name of Insured	NRIC/Passport No.
Policy No.	Contact Person/Telephone No.
Occupation/Business	Are you GST registered at the commencement of the Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Postal Address	

AN ANSWER IS REQUIRED TO EACH OF THE FOLLOWING QUESTIONS

1. State the nature of the Occurrence (e.g. "Fire", Water Damage..etc.) and date on which it has taken place?	Nature of occurrence : _____ Date of occurrence : _____ Time of occurrence : _____
2. Place at which the Occurrence had taken place (address)?	
3. Purpose for which the Premises was/were being used at the date of Occurrence?	
4. Describe what happened and the resultant damage and indicate the reason you believe was the causation.	
5. Indicate name and address of person responsible for the loss or damage.	
6. Was any element of risk introduced during the period of Insurance which increases the nature of the risk under the policy? If yes, please provide details.	
7. Is the claimant the sole owner of the Property damaged or destroyed? If no, please indicate full particulars of any other interest.	
8a. State whether the Property was stolen, lost or damaged and if it is stolen, name the suspect if any.	

b. Date, time and place the Property was last seen and by whom?	
c. Date and time the loss or damage was first discovered and by whom?	
9. If claim is in respect of Jewellery, when was the Property last serviced by a Jeweller? Provide name and address of firm	
10. Have you taken any other steps to recover the lost Property? If yes, please describe how this is done.	
11. Provide dates of any previous claims of a similar nature you have made in connection with these or any other premises, and state the amount of the loss.	
12. If the Property was stolen or lost, provide the date the Police was advised, the name of station and a copy of the report made to the Police. (In all such cases the Police must be advised promptly.)	
13. Were there, at the time of Occurrence, any other existing Insurances on the said Property with any other Insurance Company whether effected by the claimant or by any other person? If yes, state full particulars. If no, please write "No".	
14. Was there any eye witness(s)? If Yes, please state the Name, NRIC/Passport No., Address and Contact No.	
15. Are there any steps taken to prevent a recurrence? If Yes, provide details.	

I/We do hereby declare that the above is a full, true and accurate statement, and I/we further declare that the articles mentioned overleaf, being my/our Property, and insured under the above-named Policy or Policies, were destroyed or damaged by the stated Occurrence according to the extent and values detailed overleaf.

Date: _____

Signature of Insured: _____
(with Company Stamp if applicable)

Designation: _____

Name: _____ NRIC/Passport No.: _____

