



ace insurance

ACE Insurance Limited
Co Regn No: 199702449H
600 North Bridge Road
#04-02 Parkview Square
Singapore 188778

65-6398 8000 *main*
65-6298 1055 *fax*
www.aceinsurance.com.sg

ACE HOME GUARD CLAIM FORM



SG009

The issue and acceptance of this form does NOT constitute an admission of liability by the Company or waiver of its rights.

SECTION A: PARTICULARS OF POLICYHOLDER / INSURED PERSON

Name & Address of Policyholder/Insured Person:	Policy No.:	Period of Insurance:
	Tel. No. (Office): E-mail Address (office):	Tel. No. (Mobile): Tel. No. (Residence): E-mail Address (Personal):
	Occupation: Date of Employment:	Date of Birth: Age: Nationality: NRIC / Passport No.: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION B: DETAILS OF THE INCIDENT/LOSS

Chronology Event of the Incident/Loss:	Country: <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others: _____	
	Place of Incident/Loss:	
	Date of Incident/Loss:	Time of Incident/Loss:
	When and Who discovered the Incident/Loss:	Relationship:
	Name & Address of any witnesses of the Incident/Loss:	NRIC/Passport:
Contact No.:		

SECTION C: POLICE REPORT

Please Note:

- 1) The Police must be informed immediately if the property has been lost or maliciously damaged.
- 2) To enclosed a copy of the Police Report / Statement

Were particulars of loss or particulars taken by or reported to the Police <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please specify Name of Police Station:
--	--

SECTION D: DETAILS OF PROPERTY DESTROYED OR DAMAGED

Please note:

- 1) Property damaged, lost or stolen are to be described in detail.
- 2) Receipts showing date, price, and place of purchase of the articles set out below should accompany this form.
- 3) The insured must promptly take all possible steps to trace/recover the property lost.
- 4) In the case of damaged property, an estimate for repair should be submitted. If the property is not repairable, a letter from repairers to that effect should be forwarded. All salvage must be retained.
- 5) A set of photograph depicting the damage is to be submitted to us.

DESCRIPTION OF PROPERTY LOST OR DAMAGED <small>(Please use supplementary sheet if necessary)</small>	QUANTITY	ORIGINAL PURCHASE PRICE	PURCHASE DATE	VALUE AT TIME OF LOSS AFTER DEDUCTION FOR WEAR AND TEAR	DEDUCTION FOR VALUE OF SALVAGE	AMOUNT CLAIMED

TOTAL AMOUNT CLAIMED

Did you remove or save any property immediately before or during the occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , how much and where is it located now?
--	---

Are you the sole owner of the property/article lost or damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , please state name, address & relationship:
---	---

SECTION E: LEGAL LIABILITY

1. DETAILS OF ALL PERSONS INJURED (Please use supplementary sheet if necessary)

NAME/ADDRESS/CONTACT NO. OF PERSON INJURED	NATURE OF INJURIES/REMARKS	AGE	RELATIONSHIP	OCCUPATION

2. DETAILS OF PROPERTIES DAMAGED (Please use supplementary sheet if necessary)

NAME/ADDRESS/CONTACT NO. OF OWNER OF THE PROPERTY DAMAGED	NAME & EXTENT OF PROPERTY DAMAGED	APPROXIMATE VALUE OF PROPERTY DAMAGED	ESTIMATED COST OF REPAIRS TO VERIFY THE PROPERTY DAMAGED	RELATIONSHIP

Has any claim been made upon you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please state details & attach with this form all communications received from third party claimant(s):
	Have you admitted responsibility in any way? If Yes , please state the reason(s) for doing so:

SECTION F: OTHERS (Please specify details of any claim other than Section D & E)

DETAILS OF CLAIM <i>(Please use supplementary sheet if necessary)</i>	AMOUNT CLAIMED

SECTION G: ANY OTHER INSURANCES

Are there any other Policies of insurance in force covering you in respect of this event? Yes No

If **Yes**, please specify below:

NAME & ADDRESS OF INSURANCE COMPANY(S)	POLICY NO(S).

SECTION H: CLAIMS HISTORY (Please use supplementary sheet if necessary)

Have you or any insured person previously sustained loss/damage or caused damage/injury to third parties? Yes No

If **Yes**, please specify below:

NAME OF INSURER	CLAIM NO.	DATE OF LOSS	NATURE OF LOSS	AMOUNT PAID

I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I/We agree that if I/We have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements of suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

Signature of Insured _____

Date _____