

Tenet Insurance Company Ltd

(A member of Sompo Japan Group)
50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623
Tel: 6221 2211 Fax: 6221 3302
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



GENERAL CLAIM FORM

Important Notice:

- 1 This form is issued and/or accepted without admission of liability.
- 2 The insured must state all information requested as fully and accurately as possible.
- 3 All documents provided to substantiate your claim must be **original documents** and must be submitted at the claimant's expense before a claim can be admitted.

AGENCY: _____

1. INSURED'S PARTICULARS

a. Name of Insured

b. Address

c. Residence / Business Tel No.

(Res) _____ (O) _____ (HP) _____

d. Business / Occupation

e. Policy No. and Type of Policy

Policy No: _____ Type of Policy: _____

Policy No: _____ Type of Policy: _____

f. Do you have other policies covering you in respect of this incident? Yes No If yes, please give details.

2. PARTICULARS OF LOSS OR DAMAGE

a. Type of Loss or Damage

b. Date and Time

Date: _____ Time: _____

c. Location

d. State clearly how the loss or damage occurred. **Please provide copy of police report if applicable.**

e. State name of party responsible for the loss/damage if applicable. If person responsible is unknown, state whether your suspicions rest upon anyone.

Name: _____ Occupation: _____ Contact: _____

f. Give a description of the property insured and state clearly Nature and extent of Loss or Damage. If insufficient space, please use separate form.

Approximate Value: _____

g. At what place, date and time did you last see the property?

Place: _____ Date: _____ Time: _____

h. Are there any steps taken to prevent a recurrence? Please give details.

i. Are you the sole owner of the property damaged or lost? Yes No If not, please state particulars of any other parties' interests.

j. Is the property subject to a hire purchase or loan agreement? Yes No If yes, please give details.

k. Have you previously sustained a loss under similar circumstances? Yes No If yes, please give details.

3. PARTICULARS OF WITNESSES IF APPLICABLE

a. Name, Contact Number, Address and Relationship of Witness

Name	Contact	Address	Relationship of Witness

We/I hereby declare that the above statements are true and complete and we/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. We/I further authorise the Company to treat the submission of this form as our/my making a claim under our/my policy.

Signature of Claimant
(Affix Company stamp if applicable)

Date