



LONPAC INSURANCE BHD

(Incorporated in Malaysia)

101 Thomson Road #18-01 United Square Singapore 307591
Tel: (65) 6250 7388 Fax: (65) 6253 2058

1 Goldhill Plaza, Podium Block #02-43, Newton Road, Singapore 308899.
Tel : (65) 250 7388 Fax : (65) 253 2058

Combined Claim Form

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

WHAT TO DO IN THE EVENT OF A CLAIM

1. Attach all quotations obtained for replacement of or repair to the damaged or missing property.
2. Attach valuations and receipt for purchases whenever possible.
3. Advise Police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage, Travellers Baggage.
4. Attach any letter of demand or other correspondence that you may receive from any Third Party.
5. Do not make any admission of liability for loss or damage caused by you to third parties.

1. Claim No.	2. Client No.	3. Policy No.	4. Account No.
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5. THE INSURED

Name	Telephone No.
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Address	Post Code
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Policy No.	Expiry Date	Has the premium been paid? YES/NO
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Name of other Interested Parties (Hire Purchase, Lease, etc.), if any.

Are there any other Insurances in force which would cover this in whole or in part. YES/NO If answer is YES, please advise:

Name of Insurer

Policy Details

6. DETAILS OF LOSS DAMAGE OR OCCURRENCE

Date of Loss/Damage/or Occurrence	Time	A.M./P.M.
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When was Loss/Damage/or Occurrence reported to you (if applicable)	Time	A.M./P.M.
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Place and/or Premises where it occurred

Please state full particulars how Loss, Damage or Accident occurred

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Please describe Nature of Damage or Injury

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7. RESPONSIBILITY/WITNESSES

Was another person, in your opinion, responsible for loss or damage or cause of the occurrence. YES/NO
If reply is YES, please give full details:

Name

Address

Post Code	Telephone No.
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Reasons

Was there a witness/or witnesses to this event. YES/NO If reply is YES, please give full details.

Name

Address	Telephone No.
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8. BURGLARY LOSS

If claiming under Multi Risk, Burglary, Housebreaking, Theft, Malicious Damage, Baggage, advise the following:—

(a) Full details of method used by offender			
(b) When were the Police notified			Time
Police Station		Officer's Name	
State reason if not reported to Police			
(a) Has the loss been advertised. YES/NO If answered YES, give particulars and send copy of advertisement with this form.			
(b) When was the property last seen by you			
(c) At the time of loss how long had premises been unoccupied			
9. FIRE LOSS			
(a) Are you the sole owner of the damaged property? YES/NO If NO give details of interested parties.			
(b) What was the total value of the property insured by the policy at the time of the loss?			
Buildings	\$	Contents	\$
10. WINDSTORM AND FLOOD			
(a) If claiming for windstorm/Hurricane/Cyclone/Typhoon/Water Damage/Flood, advise the following:--			
(1) Through what type of opening did Wind, Rain or Water enter premises			
(2) Did Windstorm/Hurricane/Cyclone/Typhoon cause opening to premises. YES/NO If answered YES? describe cause			
11. PERSONAL ACCIDENT			
(a) What is the name and address of the doctor attending to you?			
(b) In respect of Temporary Disablement from engaging in or giving attention to profession or occupation; how long have you been:			
(1) Totally disabled?	From	To	
(2) Partially disabled?	From	To	
(PLEASE ATTACH MEDICAL CERTIFICATE AND/OR REPORT)			
12. LEGAL LIABILITY			
(a) Name and Address of injured person or owner of damaged property.			
Name			
Address			Telephone No.
(b) Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub-contractor to you, or a relative to you. YES/NO If answered YES, give details.			
(c) Has any claim been made upon you. YES/NO If answered YES, state details and attach with this form All Communication received.			

