



redefining / insurance



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Co. Reg No. 199903512M

Home Claim Form

Policy/ Certificate No.

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

A. POLICY INFORMATION

Policyholder's Full Name

B. CLAIMANT DETAILS

Full Name

NRIC/FIN No.

Email

Mobile No.

Correspondence Address

C. THE LOSS OR DAMAGE

Date and Time

Place

Description of loss/accident & nature of loss/damage

When and discovered by whom?

State name and address of person responsible for the loss or damage

At what place, date and time was the property last seen by you?

Is any part of the premises lent, let or sub-let or are receiving paying guests? If so, give details

Is there any other insurance on the property? If yes, give details

Do you own the property? If no, give name and address of the owner

Articles actually lost or stolen are to be described first in the detailed list below. Articles which have been damaged must also be described and shown at the end of the list.

D. PARTICULARS OF CLAIM

Describe the Property lost, destroyed or damaged	Where and when bought	Price Paid/ Estimated Cost of Repair	Value at the Time of Loss	Amount Claimed

Total

Please submit the particulars of the claim in another sheet of paper if more rows are required

E. BANK ACCOUNT DETAILS (for direct transfer to your bank account)

Name (as per bank account) <input type="text"/>	
Bank Name <input type="text"/>	Bank Code <input type="text"/>
Account No. <input type="text"/>	Branch Code <input type="text"/>
Email (for payment notification) <input type="text"/>	

F. DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorization] Where applicable, I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to AXA Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to **collect, use, store, transfer** and/or **disclose** the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").

Date _____

Signature of Insured _____

G. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

(Please tick against the documents you have submitted)

- Invoices/receipts showing date, price and place of purchase of the articles/property set out above
- Colour photos showing the damaged property &/or CCTV footage showing circumstances of incident
- Technical report from repairer on the cause and extent of the damaged property
- At least 2 quotations for repair/replacement of the lost or damaged property
- Police Report - For Theft and Burglary
- All correspondences exchanged between you and the negligent third party

Important :

- Duty to take immediate action to mitigate loss by taking necessary measures to minimize and prevent further loss or damage
- All salvage must be retained

Should you have any query on your claim status, we would be pleased to assist you via the following:



www.axa.com.sg
(Claim Section)



1800 880 4888



cst@axa.com.sg

AXA Insurance is committed to making your claim submission simple and easy. Thank you for insuring with AXA Insurance, we are proud to serve you.