

## NOTICE OF CLAIM

(Definite and complete answers must be given to each question. The issue or acceptance of this form to or from you is neither to be regarded as an admission of liability nor as a waiver by the Company of any breach of the policy conditions which you may have committed.)

### INSURED

Name:		
Address:		
Telephone No.	Office:	Home:
Trade/Occupation:	Policy No:	
Are you GST registered? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Registration No:		

### THE LOSS OR DAMAGE

Date:	Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Date Discovered:	Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Place:	By whom :	

Describe fully how loss, damage or accident occurred:


N. B. Please complete the statement of claim also.

### GENERAL QUESTIONNAIRES (for specific questions, please refer to relevant sub-sections).

1.	Has the loss or damage been reported to the police?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, at which police station: <i>(Please attached a clear copy of your police report with this form.)</i>		
2.	Is there any other insurance in force providing cover for this loss or damage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please advise:		
	Name of Insurer:	Policy details:	
3.	Have you ever suffered similar loss or damage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please advise:		
	Name of Insurer:	Policy details:	
4.	Was another person, in your opinion, responsible for the loss or damage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please advise:		
	Name:	Telephone No.	
	Address:		
5.	Was there any witness or witnesses to this event?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please advise:		
	Name:	Telephone No.	
	Address:		

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#### HSBC Insurance (Asia) Limited

21 Collyer Quay #12-01 HSBC Building Singapore 049320  
Tel: (65) 6538 0880 Fax: (65) 6538 0660

*Incorporated in the Hong Kong SAR with limited liability.*

6.	Is the property subject to a hire purchase agreement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please advise:		
	Name of Company:	Telephone No.	
	Address:		
7.	Has there been any alteration in the occupation or use of the premises since the Policy was taken up?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.	Were the premises occupied at the time of loss or damage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Are you the owner of the premises?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Are you responsible for repairs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.	At the time of loss, what was the total value of all property in the premises?	\$	

**BURGLARY**

1.	Were the premises forcibly entered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, state how entrance was effected.		
	If no, state what evidence is there of theft having been committed.		
2.	When was the property last seen?		

**CASH IN TRANSIT**

Starting point and destination of transit :	Start:	Destination:
Who was accompanying the money lost?		
How often is this transit made?		
What is maximum amount ever carried at one time?		

**DECLARATION**

I/We declare that I/we have complied with the conditions and warranties any of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by fraud or willful misrepresentation and that the information shown on this form and other page/s is true and that I/we have not concealed any information relating to this claim.

Signature of Insured:  
(Company's Stamp if applicable)

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Date:

