

中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033 Website: www.sg.cntaiping.com Co. Reg. No. 200208384E

GENERAL CLAIM FORM			
Class of Risk: Agency:			
The Insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company. The acceptance of this Form is not in itself an admission of liability on the part of the Company.			
(1) PARTICULARS OF THE INSURED			
Name :			
Address:			
Contact No : Policy No :			
Business / Occuption :			
Are there any other insurance in force which would cover this loss in whole or in part? Yes or No			
If yes, please state :			
(2) DETAILS OF THE ACCIDENT / LOSS / INJURY			
Date: Time : Location :			
Describe in detail how it occurred :			
Nature & Extent of the Damage / Loss / Injury (full description) :			
Have you ever before sustained / suffered damage / loss / injury of a similar nature ? Yes or No			
At which Police Station was this damage / loss reported ?			
(3) PARTICULARS OF THE THIRD PARTY PROPERTY / INJURY			
Name:			
Address:			
Nature & Extent of Damage / Injury :			
Operation (Many A)			
Comments (if any) :			



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STATEMENT OF CLAIM			
ITEM NO	DESCRIPTION OF ITEMS	REMARKS	
DATA PRIVACY STATEMENT In accordance with the Personal Data Protection Act 2012, I consent to the collection, use, disclosure of and/or process of my personal data (whether contained in the Claim Form or otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore's Do Not Call Registry) Yes, I have read and agreed to the above Data Privacy Statement.			
Signature of Claimant			
Name: NRIC/FIN/Passport No			
I / We hereby declare that all the statements contained in this form are true and correct to the best of my / our knowledge and I / We undertake to advise the Company promptly of all developments in connection with any claim.			
Date :	Day Year		
Signature & the) Company's Stamp) (if applicable))			