

# Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)

11 Collyer Quay #09-00 The Arcade Singapore 049317 Tel: 6221 2211 Fax: 6221 3302  
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



## HOMEBLISS INSURANCE CLAIM FORM

### Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 All documents provided to substantiate your claim must be original documents.
- 3 All medical reports must be submitted at the claimant's expense.

Agency \_\_\_\_\_ Policy / Certificate No \_\_\_\_\_

### A. GENERAL SECTION - Please complete this section

#### 1. Insured/Claimant's Particulars

a. Name

\_\_\_\_\_

b. Address

\_\_\_\_\_

c. NRIC / Passport Number

\_\_\_\_\_

d. Business / Occupation

\_\_\_\_\_

e. Residence / Business Telephone Number

(Res) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

#### 2. Circumstances of Claim

a. Date / Time of Accident/Illness

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Is there any other insurance in force covering this loss?  Yes  No

If so, please state Insurance Company and Policy Number.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### 3. Claim History / Other Insurances

a. Have you or any Insured person ever previously sustained a loss of this nature or made any previous claim of a similar nature before? If so, please state details.

\_\_\_\_\_

\_\_\_\_\_

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**B. DETAILS OF THE CLAIM**

1. Give a description of the property insured and state clearly Nature and Extent of Loss or Damage. If insufficient space, use space at the back of the form.

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Approximate Value : \_\_\_\_\_

Description (Make & Model)	Date of Purchase	Name & Address from whom goods were purchased	Cost Price	Amount Claimed

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

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

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

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5. Please state whether there has been any alteration in the occupation or use of the property since the Policy was taken up?  Yes  No If yes, please give details.

6. Please confirm payee name if claim is payable \_\_\_\_\_

**DECLARATION**

I/We declare that the particulars stated above are true and correct and understand that if I/We have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever, my/our claim may be refused. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
NRIC Number