

GENERAL CLAIM FORM

Agency _____

Policy no. _____

Please note:

1. The acceptance of this form is NOT an admission of liability on the part of EQ Insurance Company Limited.

SECTION 1 – PARTICULARS OF INSURED PERSON

1. Name of Insured: _____

2. Address: _____

3. E-mail Address: _____

4. NRIC No.: _____ Business/Occupation: _____

5. Tel: (O): _____ (H): _____ (H/P): _____

6. Has premium been paid? Yes No

7. Have you other policies covering you in respect of this incident? Yes No

If yes, please furnish details:

SECTION 2 – PARTICULARS OF LOSS OR DAMAGE

1. Date: _____ Time: _____

2. Location: _____

3. State clearly how the loss or damage occurred: _____

4. Did you make a police report? Yes No If yes, please attach a copy of the police report.

5. State the name of the party responsible for the loss/damage, if applicable.

6. Give a description of the property insured: _____

7. Are there any steps taken to prevent a recurrence? Yes No If yes, please furnish details.

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

9. Have you previously sustained a loss under similar circumstances? Yes No
If yes, please furnish details.

SECTION 3 – PARTICULARS OF WITNESSES

1. Name: _____ Tel: (O) _____ (H/P): _____

Address: _____

E-mail Address: _____

2. Name: _____ Tel: (O) _____ (H/P): _____

Address: _____

E-mail Address: _____

SECTION 4 – DECLARATION BY CLAIMANT

I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage sought unjustly to benefit by any fraud or willful representation and that the information given on this form is true and correct to the best of my knowledge and belief.

Signature of Claimant

Date

Name of Claimant
(Affix company stamp if applicable)

Designation (if applicable)