ECICS Limited (Company Registration No. 198901301C)
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HOME INSURANCE (HOI)
CLAIM FORM

Agency/Broker: ____________________

HOI Policy No.: ____________________

IMPORTANT

1. This form is issued and/or accepted without admission of liability.
2. The insured must complete this form fully and accurately.
3. The list of documents required is not exhaustive and we reserve the right to request from you any additional information/documentation, as necessary.

1. Particulars of Policyholder

Name of Policyholder				GST Registered :	☐ Yes ☐ No
				GST No. *(if Yes)*:	
Address				NRIC/Passport/WP/FIN No.	
Occupation				Date of Enrolment/Cover	
Contact No.	(HP)		(O)	Email	

2. Particulars of Insured *(Only applicable if information differs from above)*

Name of Insured (as shown in NRIC)						NRIC/Passport No.:	
Home Address						Gender	☐ Male ☐ Female
Mailing Address *(leave blank if same as above)*						Marital Status	
Contact Nos.						Date of Birth *(dd/mm/yyyy)*	
(H)		(O)		(HP)			
Email Address			Occupation				

3. Particulars of Occurrence

Date of loss/damage occurred *(dd/mm/yyyy)*				Time of loss/damage occurred				Place of loss/damage occurred			
How did the damage occur and what was the probable cause? *(Attach photo, police report, etc...)*											
Name of Witness (1)				Name of Witness (2)				Name of Witness (3)			
Contact No.				Contact No.				Contact No.			
HP		O		HP		O		HP		O	
Did the accident arise from the negligence on your part? *(If Yes, please provide details below)*									☐ Yes ☐ No		
Was a police report made? If so, when and where was it made?									☐ Yes ☐ No		

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4. Details of Loss/Damage to Insured Property

Description of lost/damaged property	Date & Place of purchase	Original purchase price	Deduction for wear & tear	Amount Claimed

5. Third Party Liability

Is third party liability involved? *If Yes, please give details.*	☐ Yes ☐ No

☐ Property Damage

a) Nature & Extent of Damage

b) Approximate Value

c) Name, Address and Contact No. of the owner of the property damaged

d) How was the owner related to you?

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☐ Bodily Injury

a) Name | Contact:

b) Relationship to Insured

c) Nature and Extent of Injury

d) Name of hospital or clinic to which injured person(s) was conveyed.

e) Was the accident contributed to or caused by negligence on the part of the injured person? If Yes, in what way was he/she negligent? ☐ Yes ☐ No

5. Other Information

Are you the sole owner of all the property listed? *If no, please give Name and Address of the owner:*	☐ Yes ☐ No
Is any of the property claimed for subject to a hire purchase or loan agreement? *If yes, please give details of the hire purchases and/or loan agreements:*	☐ Yes ☐ No
Were the premises occupied at the time of occurrence? *If no, when was it last occupied?*	☐ Yes ☐ No
What are the preventive measures taken after the loss?	
Is the Insured eligible to claim for this treatment against any other insurance policies? *If Yes, please provide information below:*	☐ Yes ☐ No
Name of Insurance Company	
Type of Policy	
Policy No.	
REMARKS:	
SUPPORTING DOCUMENTS	

1. Photographs of the damaged property
2. Police Report
3. Invoices/purchase receipts of damaged/lost property
4. Quotations of repair/replacement of the damaged/lost property
5. Assessment Report from repairer on the cause and extent of damages
6. Medical report, invoices and receipt

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DECLARATION

i. I declare that the above statements and answers are true and complete to the best of my knowledge and belief.
ii. I hereby authorize any hospital, physician, person or organization to disclose when requested to do so by ECICS Limited, all information with respect to any illness, injury, medical history, consultations, prescription or treatments and copies of all hospital or medical records.
iii. A photocopy of this authorization shall be considered as effective and valid as the original.

NOTICE: Personal Data Protection Policy

We/I understand, acknowledge, agree and consent that:

a) ECICS Limited (the "Insurer") is permitted to collect, use, disclose and/or process my personal data/personal information set out in this Claim Form and any other personal information provided by me or possessed by ECICS Limited (collectively the "Personal Information") and disclose and transfer such Personal Information to the Insurers' lawyers/law firms, Insurers' doctors, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
(ii) investigations relating to the claims;
(iii) investigating my claims
(iv) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(v) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(vi) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

b) the Insurers' lawyers/law firms, insurer's doctors, adjuster may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside Singapore, for one or more of the above Purposes.

______________________________	______________________________
Signature of Insured Person	Signature of Policyholder
Date:	Date: