

Home Claim Submission Checklist

We are sorry to hear of your accident/loss. In order for us to consider your claim, please notify us as soon as possible but in any case within seven (7) days from the occurrence of the event. Then complete the Home Claim Form and submit it with the relevant documents listed below within thirty (30) days from the date of occurrence. Thank you.

| Please tick the section(s) that you are claiming for | Documents needed |
|---|---|
| <input type="checkbox"/> Fixtures, Fittings & Renovations <input type="checkbox"/> Home Contents <input type="checkbox"/> Building <input type="checkbox"/> 24Hr Emergency Assistance Services | <ul style="list-style-type: none"> - Copy of police report/road traffic accident report (if applicable) - Colour photos of damaged property - Original purchase receipt of lost/damaged property - Original receipts/invoices and colour photos of repaired/replaced property, where the repair/replacement is necessary to prevent and limit further loss or damage - All other original receipts/invoices - Copy of travel documents if you were away during the occurrence - Copy of tenancy agreement if you are the tenant <p>Note: We reserve the right to obtain from you additional information/documents.</p> |
| <input type="checkbox"/> Personal Liability <input type="checkbox"/> Third Party Liability - Cat & Dog | <ul style="list-style-type: none"> - All correspondence/documents from third parties for our handling - Copy of police report/road traffic accident report (if applicable) - Any photos where applicable <p>Do not to admit any liability or make any offer, promise or payment without our prior consent.</p> |
| <input type="checkbox"/> Cat & Dog | <ul style="list-style-type: none"> - Copy of the Agri-Food and Veterinary Authority (AVA) licence - Original receipts/invoices - Original medical report - Copy of police report for theft <p>Note: All bills must indicate the breakdown of the expenses incurred and the doctor's diagnosis must be clearly stated. We reserve the right to obtain from you additional information/documents.</p> |

We would also like to highlight that:

- Any damaged property must not be discarded without our consent.
- Any cost of obtaining documents is not reimbursable under the policy.
- Where applicable, all documents must be translated into English.

You may send your claim documents to our office at:

HOME CLAIMS
Direct Asia Insurance (Singapore) Pte Ltd
88 South Bridge Road
Singapore 058716

If you need any assistance, please call us at **6532 1818** or email us at
Claim@DirectAsia.com

Home Claim Form

1. Policyholder's Details

* To delete appropriately

| | | |
|--|-----------------------|----------------|
| Name (as in NRIC/Passport): <i>Mr/Miss/Mrs/Mdm/Dr*</i> | NRIC/Passport number: | Policy number: |
| Occupation: | Email: | |
| Contact numbers: (O) _____ (H) _____ (HP) _____ | | |

2. Claimant's Details (If Claimant is different from Policyholder)

| | | |
|--|-----------------------|---------------|
| Name (as in NRIC/Passport): <i>Mr/Miss/Mrs/Mdm/Dr*</i> | NRIC/Passport number: | Relationship: |
| Date of birth: (dd/mm/yyyy): | Email: | |
| Contact numbers: (O) _____ (H) _____ (HP) _____ | | |

3. Incident Details

| | |
|---|-----------------------------|
| Date of occurrence (dd/mm/yyyy): Time of occurrence: _____ <i>am/pm*</i> | Country/City of occurrence: |
| Please describe to us the incident: | |

4. Types of Claim

Loss/Damage to Your Property

| | |
|---|----------|
| Date of Discovery (dd/mm/yyyy): | By Whom: |
| Please provide name, contact no., address and relationship of witness (if any). | |

| Description of Item Lost or Damaged | Date of Purchase | Original Purchase Price (S\$) | Amount Claimed (S\$) | Remarks |
|-------------------------------------|------------------|-------------------------------|----------------------|---------|
| | | | | |
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| | | | | |
| | | | | |

You may include a separate list if there is insufficient space provided above.

| |
|---|
| If you are not the owner of the lost/damaged property, please provide name, contact no. of the owner and your relationship. If you have incurred a similar loss/damage before, please provide details. |
|---|

If you are entitled to claim under any other insurance policy, please provide us the details of those policies:

| Insurance Company | Type of Policy | Policy Number | Compensation Amount (S\$) |
|-------------------|----------------|---------------|---------------------------|
| | | | |
| | | | |

Have you made any claims against any of the above insurers? Yes No

Personal Liability / Third Party Liability (Cat & Dog)

| | | | |
|--|---------------|--------------------|-------------|
| Name of Third Party: | | NRIC/Passport No.: | Occupation: |
| Age: | Relationship: | Contact No.: | Email: |
| Nature and Extent of Property Damage/Injury: | | | |

Additional Third Party Details

| | | | |
|--|---------------|--------------------|-------------|
| Name of Third Party: | | NRIC/Passport No.: | Occupation: |
| Age: | Relationship: | Contact No.: | Email: |
| Nature and Extent of Property Damage/Injury: | | | |

You may include a separate list if there is insufficient space provided above.

5. Bank Details

Please provide your bank details below for reimbursement directly to your local bank account.

| | | | |
|--------------------------|-----------|-------------|------------------|
| Bank Account Holder Name | Bank Name | Branch Code | Bank Account No. |
|--------------------------|-----------|-------------|------------------|

6. Declaration

I declare that all the particulars given by me in this form are true and correct.

I agree that my claim may be reduced or denied and the Policy may be cancelled if I have made or were to make any false or fraudulent statements, or have withheld material facts in respect of this claim.

I also consent to DirectAsia.com obtaining information from any person I have consulted and I hereby authorize the giving of such information. I also agree to execute all necessary authorizations or documents for the release of such information to DirectAsia.com. A photocopy of this authorization shall be considered as effective and valid as the original.

Name

Signature

NRIC/Passport Number

Date