

Home Insurance Claim Form – Home Assistance Services

Important Notice

1. The acceptance of this form is NOT an admission of liability on the part of the Company.
2. All original final bills, certificates, supporting documents should be provided to substantiate your claim.
3. Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Agency _____

Policy No _____

1. Insured/Claimant's Particulars

- a. Name: _____
- b. Address: _____
- c. NRIC/FIN/Passport No: _____
- d. Contact Number: _____ Email address: _____

Important Notes

- i) You shall call the 24-hour Sompo Home Assist hotline and utilise the services provided by Our designated home assistance companies.
- ii) The amount payable is up to the limit stated in your policy. Please refer to the policy T&C.
- iii) Please submit all original bills / invoices to substantiate your claim. You should ensure that the service provider indicates the type of service rendered on the bill / invoice to avoid delay in processing your claim.

Circumstances of Claim

- a. Date: _____ Time: _____
- b. State clearly how the loss or damage occurred:

Indicate type of Home Assistance Services you are claiming for

- Locksmith Assistance
- Plumbing Assistance
- Electrical Assistance
- Air-conditioning Engineer Assistance
- Pest Control Services

Claim Amount: _____

Payment Details (if claim falls within terms and conditions of the policy)

If your claim is approved and you are registered with PayNow (by NRIC), the settlement will be made directly to your bank account. Otherwise, we will mail a cheque to the address provided by you.

Payee Name: _____ Payee NRIC: _____

Note: If payee is different from claimant or is not listed in the policy, please provide a Letter of Authorisation.

Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I 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 claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg

Signature

Date