

**Home Insurance**  
**CLAIMS FORM**



**SECTION A: HOME INSURER DETAILS**

Home Insurance Policy Number  Policyholder Name   
Address Block No.  Unit No.  Street/Building Name  Postal Code   
What is the best phone number to reach you?  What is your email address if we need to write to you?

**SECTION B: INCIDENT DETAILS**

Settlement to be made to  Insured  Other  
If Other, please specify   
Place of incident, loss, illness or death   
Date and time of incident, loss, illness or death  
Date  Time   
Description of incident, loss, illness or death   
Are there any other insurance policies covering you for this incident/loss?  Yes  No  
If Yes, please give details of insurer, policy number and amount recoverable   
What is it that you are claiming for?  

<input type="checkbox"/> Household Contents	<input type="checkbox"/> Renovations, Fixtures and Fittings	<input type="checkbox"/> Personal Legal Liability
<input type="checkbox"/> Alternative Accommodation Expenses	<input type="checkbox"/> Accidental Breakage of Glass	<input type="checkbox"/> Loss of Personal Money
<input type="checkbox"/> Loss of Credit and Debit Cards	<input type="checkbox"/> Loss of Personal Papers	<input type="checkbox"/> Accidental Death of Pedigree Dog or Cat
<input type="checkbox"/> Replacement Locks	<input type="checkbox"/> Freezer Contents	<input type="checkbox"/> Cycle Cover
<input type="checkbox"/> ID Theft	<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Family Personal Accident

**SECTION C: PERSONAL FAMILY THIRD PARTY LIABILITY**

Please note that any correspondence you receive regarding this incident should be sent to Aviva Ltd. immediately.  
Was the accident due to carelessness, or negligence on your part?  Yes  No  
Have you in any way admitted liability?  Yes  No  
Name and address of any witness to the incident   
If any, which Police Officer and Police Station did you report the occurrence?   
Name and address of the other party/parties   
Nature of the personal injury sustained by any person   
Extent of the damage to the property belonging to the other party/parties

**SECTION C: PERSONAL FAMILY THIRD PARTY LIABILITY (cont'd)**

If a claim has been made upon you, was the amount of such claim specified?  Yes  No

If Yes, what is the amount?

Please give any additional information, which you consider would help Aviva Ltd. in dealing with any claim that may be made against you.

Please give a description of the Insured property and the nature and extent of the loss or damage

Please list the following details for each item you are claiming for:

	Description of Item including Make & Model/Amount of cash	Original Purchase Date & Price	Where and when purchased	Receipts attached	Amount you are claiming for (SGD)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Are you the sole owner of all of the property listed?  Yes  No

If No, please give details of any other parties interest

Is any of the property claimed for subject to a hire purchase or loan agreement?  Yes  No

If Yes, please give details of the hire purchase and/or loan agreements

**SECTION D: MODE OF PAYMENT**

Please make the claim payment by the following mode:

**\*PayNow**  
(Receive payment within 3 working days)

- \* 1. In order to opt for the PayNow claim payment mode, you must have a PayNow account registered using NRIC/FIN number as the proxy with any of the banks licensed in Singapore.  
2. In any event if the PayNow transaction is unsuccessful with the respective banks, Aviva Ltd will issue a cheque payment to the claimant instead of PayNow. Please ensure that the necessary fields are completed correctly.

**Cheque**  
(Receive payment within 10 working days)

**SECTION E: DECLARATION AND AUTHORISATION**

By submitting this form online, I hereby confirm that the information given in this form are true and correct to the best of my knowledge and belief and that no other material information has been withheld or any relevant circumstances omitted. I agree that if I have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited. I further agree that if, as a result of error in the information I have provided in this form, payment of the claim is made to another person, Aviva shall have the right to withhold payment of my claim until such payment has been recovered by Aviva.

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data in Aviva related group of companies, and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

I hereby authorise any hospital physician, other person, who has attended or examined me, to furnish Aviva Ltd., or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo copy of this authorisation shall be considered as effective and valid as the original.

Signature of Insured

Date:

Name of Insured:

Once this form is fully completed, print, sign and send it with any receipts and documents to support your claim to:

**Aviva Home Insurance Claims**  
**Aviva Ltd.**  
**4 Shenton Way**  
**#01-01 SGX Centre 2**  
**Singapore 068807**  
**[www.aviva.com.sg](http://www.aviva.com.sg)**

Note: The acceptance of this form is NOT an admission of liability on the part of Aviva.

**SECTION F: DOCUMENTS PROVIDED**

1. Police report if applicable.
2. Death certificate, autopsy report and coroner's findings (death claim)
3. Proof of relationship between deceased and claimant (death claim)
4. Medical report or discharge summary on onset date, cause, extent or permanent disability (if applicable) and nature of injury or illness
5. Dog or Cat Pedigree certificate and confirmation from a qualified and registered veterinarian of the cause of the animal death
6. Letters confirming cost of replacement documents etc.
7. Original receipts
8. Loan or hire purchase agreements
9. Contractor's invoice(s)