

**Allianz Global Corporate & Specialty SE
Singapore Branch**



Company Registration No.: T11FC0131K
Address: 12 Marina View, #14-01 Asia Square Tower 2, Singapore 018961
Tel: +65. 6297 2529 Fax: +65. 6297 1956
Website: <http://www.agcs.allianz.com>

Allianz Contact Centre
Tel: 1800 222 1818
Email: claims@allianz.com.sg

FIRE CLAIM FORM

THE POLICYHOLDER / CLAIMANT IS REQUESTED TO NOTE:

- (a) Before submitting details of loss or damage the Policyholder / Claimant is requested to read the Terms & Conditions of the policy.
- (b) This form must be filled up and delivered to the Company by email or by post together with proof of value, loss and/or damage as soon as possible.
- (c) The Policyholder / Claimant must promptly take all practicable steps including lodge a police report and provide a copy of the report to the Company when required.
- (d) Please state all relevant information requested in this claim form, as complete and accurate as possible together with the supporting documents required. Any documents or reports required to process this claim shall be furnished at the expense of the Policyholder or Claimant.
- (e) If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under the policy, your claim may be declined and all benefits under your policy may be forfeited.
- (f) The issuance or acceptance of this form is not an admission of liability by the Company.

Section I: Policyholder Information

Policy No:	Name of Policyholder (As per NRIC / FIN)	NRIC / FIN No:
Contact Details: (Mobile) (Email)	(Home)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Correspondence Address:		Occupation:

Section II: Claimant Information (if different from Policyholder)

Name of Claimant (As per NRIC / FIN)	NRIC / FIN No:
Contact Details: (Mobile) (Email)	(Home) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Correspondence Address:	
Relationship between Claimant and Policyholder	

Section III: Accident Information

Date & Time of Accident:	DD Hours	MM Mins	YYYY <input type="checkbox"/> AM <input type="checkbox"/> PM
Full particulars of circumstances surrounding the loss or damage to the best of your knowledge and belief:			
Police Station to which loss was reported:		Date:	
Report No (Please provide a copy of the police report, if any):			
Has thorough search been made for the articles(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	(a) By whom was loss discovered?		
	(b) Date and time when article(s) last seen?		
	(c) By whom last seen and where?		

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Are you the sole owner of the property lost or damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide name and contact information of the owner:
Are there any injured parties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the injuries sustained, name and contact information of the injured person(s):

Section IV: Statement of Claim

N.B: The amount to be claimed on any article is limited to the actual intrinsic value at the time of loss. The nature of the loss or damage should be stated with full details in this section. All salvage should not be disposed without the Company's prior approval.

Full Description of Loss or Damaged Articles	Price paid as far as is known	Sum claimed for present value
Date of purchase or presentation as far as is known: DD MM YYYY		
Name and Address of Party from whom Article is purchased or by whom presented		

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Name and Address of Party from whom Article is purchased or by whom presented		

Section V: Details of other Insurance claims

Name of insurer	Policy no.	Type of claim	Date of filed claim (if any)	Amount claimed

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PERSONAL INFORMATION COLLECTION STATEMENT

Allianz Global Corporate & Specialty SE Singapore Branch, ("Allianz" or "we" or "us"), believes that an individual's Personal Information should be handled with the utmost respect and we are committed to protecting their privacy and confidentiality.

1. Purpose of collecting personal data

We may use the personal data for the following purposes:

- (a) processing and evaluating your insurance application;
- (b) administering your insurance policy and providing services in relation to your insurance policy;
- (c) investigate, process and pay claims made under your insurance policy;
- (d) invoicing and collecting premiums and outstanding amounts from you;
- (e) verifying your identity;
- (f) detect and prevent fraud;
- (g) reinsurance purposes;
- (h) statistical analysis, research and quality assurance;
- (i) responding to, handling, and processing queries, requests, applications, complaints, and feedback from you;
- (j) complying with any applicable laws, regulations, codes of practice, guidelines, or rules, or to assist in law enforcement and investigations conducted by any governmental and/or regulatory authority; and
- (k) disaster recovery, data entry and data storage; and
- (h) any other incidental business purposes related to or in connection with the above.

2. Disclosure of personal data

We may disclose or transfer, within or outside of Singapore, your personal data for the purposes set out above to:

- (a) our related or associated companies, insurance intermediaries, financial institutions, professional advisers, consultants and auditors;
- (b) insurers and reinsurers;
- (c) medical institutions and professionals;
- (d) industry associations;
- (e) debt collection agencies;
- (f) parties who assist us in claim investigation, administration and adjudication;
- (g) service providers, agents, contractors, delegates, suppliers or third parties (or subcontractors of the foregoing) which we may appoint from time to time to provide us with services in connection with the services that we offer to you, and their directors, officers, employees, representatives, agents or delegates. These service providers with whom we have contractual relationships are required to provide a standard of protection to the transferred personal data that is comparable to the protection under the Singapore Personal Data Protection Act 2012 and consistent with our personal data protection policies and practices; and
- (h) regulators, government agencies and law enforcement agencies.

3. Withdrawal of consent

The consent that you provide for the collection, use and disclosure of your personal data will remain valid until such time it is being withdrawn by you in writing. You may withdraw consent and request us to stop using and/or disclosing your personal data for any or all of the purposes listed above by submitting your request in writing to our Data Protection Officer at the contact details provided below. If you withdraw your consent to any of the above, we may not be able to provide you with the services that you have requested for and we will inform you of the consequences of such withdrawal of consent where applicable.

4. For enquiries relating to Personal Data Protection, access or correction of your personal data, please write to us at:

The Data Protection Officer
Allianz Global Corporate & Specialty SE Singapore Branch
12 Marina View
#14-01 Asia Square Tower 2
Singapore 018961
Email: dpo_sg@allianz.com

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DECLARATION

I/We hereby declare that I/We have complied with the policy Terms & Conditions, all information provided in this claim form and documents submitted are true, accurate and complete to the best of my knowledge. I/We certify that I/We have not withheld any material information. I/We understand that if I/we intentionally made any false or fraudulent statement or conceal any material fact, Allianz reserves the right to repudiate the claim. I/We undertake to advise Allianz promptly of all developments in connection with the claim.

I/We hereby give consent to Allianz and its third parties service providers, related entities, business partners, employees and agents to collect, use, disclose and/or transfer, within or outside of Singapore all personal data related to me and other individuals provided by me in this application for one or more above mentioned purposes. I/We warrant that I/We have obtained consent from the other individuals whom personal data furnished by me/us in this application for one or more abovementioned purposes.

I/We confirm that I/We understand and agree to the Personal Information Collection Statement.

Signature of Claimant:.....

Signature of Policyholder:.....

Name of Claimant:.....

Name of Policyholder:.....

Date:.....

Date:.....