



**Tokio Marine Insurance Singapore Ltd.**

Company Reg. No. : 192300014M  
20 McCallum Street  
#09-01 Tokio Marine Centre  
Singapore 069046  
Tel : (65) 6221 6111 Fax : (65) 6225 9887  
Email : tmis@tokiomarine.com.sg  
Website : www.tokiomarine.com.sg

**Burglary Claim Form**

The issue of this form is not to be taken as an admission of liability by the Insurers. Fire & GA Claims Dept, Fax : 6225 9887  
This claim form should be completed and returned within seven (7) days of its receipt by the INSURED

Name of Policyholder : \_\_\_\_\_  
Policy No : \_\_\_\_\_ Tel No : \_\_\_\_\_  
Address: \_\_\_\_\_ Email : \_\_\_\_\_  
\_\_\_\_\_ Contact Person : \_\_\_\_\_

Address of the Premises at which the loss occurred: \_\_\_\_\_

On what date and time were your premises broken into? \_\_\_\_\_ @ about \_\_\_\_\_ am / pm

On what date and hour was the robbery discovered? \_\_\_\_\_ @ about \_\_\_\_\_ am / pm

Robbery was discovered by \_\_\_\_\_ Designation of this person: \_\_\_\_\_

Which rooms were ruffled? : \_\_\_\_\_

Describe means by which entry was obtained and state what doors or windows were forced open? \_\_\_\_\_

Were the premises occupied at the time? If not, upon what date and at what hour were they last occupied?  
\_\_\_\_\_

Any suspect? If so, state the name : \_\_\_\_\_

Are you the sole owner of the property stolen/damaged? ( )Yes ( )No If No, state name of owner.  
\_\_\_\_\_

Are there any other insurance against theft upon the same property? ( )Yes ( )No If Yes, please specify:  
\_\_\_\_\_

What was the value of the total contents at your premises at the time of the loss? \$ \_\_\_\_\_

Have you ever before sustained loss by fire, burglary, housebreaking or larceny? ( )Yes ( )No

If Yes, please provide history of previous claim/s made (include name, date, nature of loss & amount paid): \_\_\_\_\_

Please state the total amount claimed next page. Give a detailed list (with separate value of each article or item) of the property lost and attach a copy of the police report. Please attach additional listing if space provided is insufficient.

**Declaration** : I/We hereby declare that these particulars are true to the best of my/our knowledge and belief and I/we have in no manner caused the loss nor by any fraud or misrepresentation sought to benefit thereby. I accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false or inaccurate in any aspect.

**Notice for Personal Data Protection Policy**

By signing this form:

- i) I/We acknowledge and consent to TMiS collecting, using, processing and disclosing to third party service providers and/or intermediaries, within or outside Singapore, my/our personal data for the purpose of processing and servicing my/our policies/claims;
- ii) I/We declare and confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- iii) I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg.

Signature & Company Stamp : \_\_\_\_\_ Date : \_\_\_\_\_

Name : \_\_\_\_\_ NRIC: \_\_\_\_\_ Designation: \_\_\_\_\_

**Details of Amount Claimed**

- A) If claim is for repairable damage, give particulars of damage and a tradesman's estimate for the repairs.
- B) If claim if for non repairable damage on loss, list items below completing all columns. Supporting estimates for replacement may be helpful.

Specifications of property Lost / destroyed	Cost Price	Where bought & Date Purchased	Value at time of loss

Please attach additional listing if space provided is insufficient.

Please mail duly completed claim form to: Tokio Marine Insurance Singapore Ltd, 20 McCallum Street #09-01, Tokio Marine Centre, S'pore 069046.  
Fire & GA Claims Dept, Fax : 6225 9887.