



HOME INSURANCE - CLAIMS FORM

Home Insurance Policy Number:

Policyholder Name:

What is the best phone number to contact you on if we need to speak to you?:

What is your email address if we need to write to you?:

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

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?

Names & 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.

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="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 purchases and/or loan agreements:

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 of 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)

I declare that the information provided is, to the best of my knowledge, correct in every detail. 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 hereby authorize any hospital physician, other person, who has attended or examined me, to furnish Aviva Ltd., or its authorized 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 authorization shall be considered as effective and valid as the original.

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:

Signature of insured

Aviva Home Insurance Claims
Aviva Ltd.
4 Shenton Way
#01 - 01 SGX Centre 2
Singapore 068807
www.aviva.com.sg

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