

M S first Capital Insurance Limited (Co.Reg. No. 195000106C) 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

## All Risk Claim Form

PARTICULARS OF POLICYHOLDER									
Policy No.									
Insured									
Address									
Contact Details (Telephone. Fax & Email)									
2. DESCRIPTION OF INCIDENT									
Where (premises) did Incident occur?									
Describe in details for the following on the occur	ence leading to th	e loss:-							
A. Date and time when loss when discovered?									
B. By whom was loss discovered?									
C. Date and time when article(s) last seen?									
D. By whom was the article(s) last seen (date, time & location)?									
E. If article was missing, was a search conducted?									
F. Any step taken to recover the missing article? let us have details									
Mas the incident reported to the Delice/CCDC2 If so let us have a serve of the Delice/CCDC Describ									
Was the incident reported to the Police/SCDF? If so, let us have a copy of the Police/SCDF Report.									
Was there any Photograph/CCTV recording the chain of event? If so let us have a copy of the photograph/recording.									
Have you ever before sustained:-									
I. Loss by theft? II. Loss of, or damage to, any article of value from any other cause?									
ii. Coss of, of daffiage to, any article of value from driy other cause!			]	] Yes	[	] No			
If "Yes", please provide details below:-			[	] Yes	[	] No			
3. OTHER INSURANCE									
Have you, previously suffered or claimed against any insurer of similar loss?			[	] Yes	[	] No			
Are there any other insurances effected by you or by any other person covering the loss or any part thereof? if so, please indicate:-									
Insurance Company Policy No Period of Insurance					t Insured	1			



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4. DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DA	MAGED						
An All Risks Policy being a contract of INDEMNITY, all claims must	t be based upo	n the actual value of the arti	cles at the time of the Theft, Loss				
or Damage, but not exceeding the sums for which they are respec							
DESCRIPTION OF THE ARTICLE DATE ARTIC PURCHASED OF	CLE WAS	COST OF ARTICLE	DEDUCTION FOR WEAR & TEAR				
F ORCI IASED OF	RRCCIVED		WCAR & TCAR				
Total (SGD)							
Deduction for Depreciation and Wear and Tear							
Net Amount claimed (SGD)							
5. DECLARATION			I.				
J. DECEARATION							
I/ We declare that the above information described is true and co and property described belong to the persons named, no other p							
or otherwise. I/We agree that if I/We have made, or if I/We shall							
right to compensation shall be absolutely forfeited.							
I / We hereby acknowledge, consent and agree that:-							
<ul> <li>MS First Capital Insurance Limited (MSFC) may collect, ι</li> </ul>	use and disclos	e all personal data provided	or as may be provided by me /				
us and through other sources as MSFC deem relevant for the purposes as contemplated in this form including but not limited to policy servicing, processing, investigating, handling, administering and/or settling my / our claim with MSFC or other insurers;							
MSFC may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;							
The personal data protection clauses herein ("DPC") are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Act 2012 as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Act 2012, the latter shall prevail;							
inconsistencies between the bire and the bata i rotection net both, the latter shall prevail,							
<ul> <li>If I / we provide third parties' personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to MSFC, I / we represent and warrant to MSFC that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and</li> </ul>							
processing of their personal data in the manner as set out above and the Data Protection Act 2012; and							
I / We shall indemnify MSFC for all losses and damages w	hich may be su	ffered by MSFC arising out of	the breach of the declarations,				
representations and/or warranties herein.	T.						
	<i>c.</i> .	(0.1.1.1.4					
Policyholder/Insured's Representative Name/Designation Signature of Policyholder/Insured's Representative							
Policyholder/Incured's Company Stame	Da+a						
Policyholder/Insured's Company Stamp	Date						