

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

Fire Claim Form

PARTICULARS OF POLICYHOLE	DER					
Policy No.						
Insured						
Business Address						
Contact Details (Telephone. Fax & Email)						
2. DESCRIPTION OF INCIDENT						
When did Incident occur? Please indica	te which day, date, and hou	r.				
Where (premises) did Incident occur?						
Describe in details the occurrence leadi	ng to the fire.					
Was the premises occupied at the date/time of fire? If "No" please indicate for how long was the place unoccupied since inception/renewal of this Policy below:-					1 No	
	[] Yes	[] No			
Was the occurrence reported to the Police/SCDF? If so, let us have a copy of the Police/SCDF Report.						
DI LICETI						
Was there any Photograph/CCTV recording the chain of event? If so let us have a copy of the photograph/recording.						
			ı			
Are you the sole owner of the damaged property? If "No", please provide details of other interested parties below:-				_		
			[] Yes	[] No	
Are there any hire purchase contracts in force? If "Yes", let us have a copy of the contract			[] Yes	[] No	
3. OTHER INSURANCE						
Have you, at these premises or elsewhere, previously suffered loss or claimed against any insurer in respect of the perils insured by this policy?			[] Yes	[] No	
Are there any other insurances effected	d by you or by any other pe	rson covering the loss or any part thereo	of? if so, please indi	cate:-		
Insurance Company	Policy No	Period of Insurance	Amount I	Insured		



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4. DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED							
DAMAGE TO BUILDINGS	A detailed estimate by a Builder or other competent person should be submitted in support of the amount claimed,						
	making due allowance for age, depreciation, etc.						
DAMAGE TO CONTENTS	A detailed statement of the various articles claimed for should be written in here or attached to the form. The claim						
	must be based on the actual value of the property at the time of the fire i.e. without any inclusion of profit and						
after allowance has been made for depreciation, wear and tear, etc.							
DESCRIPTION OF	THE PROPERTY	VALUE AT	DEDUCTION FOR	AMOUNT CLAIMED (SGD)			
		TIME OF FIRE	VALUE OF SALVAGE	i.e. actual loss after deduction of Salvage Value			
Total (S	5GD)						
5. DECLARATION							

I/ We declare that the above information described is true and complete of the foregoing particulars in every respect and that the articles and property described belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise. I/We agree that if I/We have made, or if I/We shall make, any false or untrue statement, suppression or concealment, my/our right to compensation shall be absolutely forfeited.

I / We hereby acknowledge, consent and agree that:-

- MS First Capital Insurance Limited (MSFC) may collect, use and disclose 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;
- 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
 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 which may be suffered by MSFC arising out of the breach of the declarations, representations and/or warranties herein.

Policyholder/Insured's Representative Name/Designation	Signature of Policyholder/Insured's Representative
Policyholder/Insured's Company Stamp	Date