Commercial General Claim Form

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

www.aig.sg

The form must be completed truthfully and accurately.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be returned together with all supporting documents as soon as possible to the following address:

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #09-16 Singapore 079120

The acceptance of this Form is NOT an admission of liability on the part of AIG Asia Pacific Insurance Pte. Ltd. ("the Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

Please note that information you provide in this claim form will be used for the purposes of claims administration as outlined in this form and will not be used to update any of your existing records that our organization holds. If you wish for us to update any of your information in our records, please contact our customer service representatives at 6419 3000, Mondays to Fridays, between 9am and 5pm. Alternatively, you may send us an email via **www.aig.sg/contact-online**.

The acceptance of this Form is NOT an admission of liability on the part of the Company. Particulars Of Policyholder/Insured

| Name | Tel No (Office) | Tel No (Fax) | |
|--|---------------------------------|--------------|--|
| | | | |
| Address | | | |
| | | | |
| Is your company Gst Registered? : 🗌 Yes 🛛 No | Email Address & contact person: | | |
| Gst Registration No.: | | | |
| Insurance Policy No. | Type of Policy (please specify) | | |
| | | | |
| Type of Incident: 🗌 Fire 🔲 Water Damage 🗌 Burglary 📄 Plate Glass 🗌 Machinery Breakdown 🗌 Liability | | | |
| □ Others, please specify | | | |
| For Burglary: Was there forcible entry into the premises? 🗌 Yes 🗌 No | | | |

Description Of Incident * (Please Attach A Copy Of The Police Report, SCDF Report Or Service Report To This Form)

| Date | Time | Place |
|----------------------------------|------|-------|
| | | |
| Explain exactly how it happened? | | |
| | | |
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Details Of Loss Or Damage To Insured Property* (Please Attach Photographs Of Damaged Property To This Form.)

| When was the loss or damage discovered and by Whom? | | | | | |
|---|--------------------------|-------------------------|--|---|----------------|
| Description of Articles/Property damaged/lost *(Please submit original purchase invoice) | When was it purchased | Original purchase price | Original repair invoice for damaged items | Original purchase invoice for replacement of items | Amount Claimed |
| | | | | | |
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| Are you the sole owner of the property/article lost or damaged? I Yes No If No, please state name, address, contact no and relationship | | | | |
|---|-------------------------------------|-------------------|--|--|
| Are there any other Policies of insurance in force cov | ering you in respect of this event? | Yes No | | |
| If yes, please specify: Policy No | Type of Policy | Insurance Company | | |
| Are there any eye witnesses? | | | | |
| If Yes, please state names, NRIC/Passport No, addre | ess and contact no | | | |
| Has there been a previous occurrence in these premi | ses? 🗌 Yes 🗌 No | | | |
| If yes, please state the preventive measures that were taken to prevent a recurrence | | | | |
| | | | | |

Third Party Claims Details

| a) Please give particulars of person(b) responsible for the loss/durange/righty. b) Please provide details of the owner of the damaged property, the decision of the damaged property and the extent of damage. c) If it is a personal larger particulars of eperson (b) algored and the injuries subsined. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any. c) Please give us particulars of eye withers (eq). If any c) is the stand on the fact mathematic in the stand one extend of the stand one. c) Please give us particulars of eye withers (eq). If any c) is the stand one. c) Please give us particulars of extend the combinations and varianties (f) for extend the mathematic intermetion and one please extend varianties (f) is the stand one. c) Please gives the contribution of extend the stand of the dam fact, the above particular is declarated by me above one true and complete in every respect and are made without reaction the fact extend the contribution of extend the contribution on the fact intermetion is fallower. c) Please gives and a contribute of gives and one in the contex of the dam gives of the particular of extend the contribution of the dam fallower is provided using the contex of the fallower the particular of extend the context fa | | | | |
|--|--|--|--|--|
| c) If it's a personal injury matter, please provide datals of person [d] injured and the injuries sustained: (c) If it's a personal injury matter, please provide states 'Social Security Number. (c) If it's a personal factor of eye withers [e], if any. (c) If this a claim been made upon yon? | a) Please give particulars of person(s) responsible for the l | oss/damage/injury. | | |
| d) Is the Injured person (i) a US Citizen? If Yes, please provide us their Social Security Number. e) Prease give us particulars of eye wheres (ed), if any. f) Has a claim been mode upon yoo? f) Has a claim been device upon yoo? < | b) Please provide details of the owner of the damaged property, the description of the damaged property and the extent of damage. | | | |
| el Please give as particulars of eye withes (el), if any. el Please give as particulars of eye withes (el), if any. el Please give as particulars of eye withes (el), if any. el Please give as particulars of eye withes (el), if any. el Please give as particulars of eye withes (el), if any. el Please give as provide of with intergressentation and that the information in them on this form is the end thet I/we have not concelled any information relating to this claim. IVMERED VECLER that to the best of my knowledge and belief, the above particulars as declared by me above are true and complete in every respect and are made without reservation of any kind. In relation to the personal information collected in this claim form. IVERED VECLER that to the best of my knowledge and belief, the above particulars as declared by me above are true and complete in every respect and are made without reservation of any kind. In relation to the personal information collected in this form (or therwise provided during the course of the claim process, including to amother individual, i represent and warrant that I have the above and courset, that AIG may collect, use and process my/his/her personal information as follows: (a) the personal information collected in this form (or therwise provided during the course of the claim process, including by woy of call recording) may be collected, use and disclosed by AIG to the personal information collected in this form (or therwise provided during the course of the claim process, including by woy of call recording) may be collected, used and the cloie travests for min pole/p (nobulap personal information as follows: </td <td>c) If it's a personal injury matter, please provide details of</td> <td>person (s) injured and the injuries sustained:</td> <td></td> | c) If it's a personal injury matter, please provide details of | person (s) injured and the injuries sustained: | | |
| f) Has a claim been mode upon you? | d) Is the Injured person (s) a US Citizen? if Yes, please pro | ovide us their Social Security Number. | | |
| If yes, by when and for what amount? If Yes, by any faced or which the conditions and warmanies (if any) of the policy and in no manner deliberately caused the said less or damage or sought unjusty to be the damage of the column and the telening of the column and the behaviors of the column and the behaviors of the column and the telening of the column and the behaviors of the column and the column and the behaviors of the column and the behaviors of the column and the telening of the column and the behaviors of the column and the telening of the column and the | e) Please give us particulars of eye witness (es), if any. | | | |
| (We declare that I/we have complied with the conditions and warranties [if any] of the policy and in no manner deliberately caused the said loss or damage or sought unjusty to benefit thereby by any foud or willd in incerpresentation and that the information shown on this form is true and that I/we have not conceled any information relating to this claim. IV. We agrees the inconditions is out of the bagining of this claim form. International formation relating to this claim. II. HEREBY DECLARE that to the best of my knowledge and belief, the above particulars as declared by me above are true and complete in every respect and are made without reservation of any kind. II. Internation of any kind. II. Taggee and consent, and if I am submitting information relating to another individual. I represent and warrant that I have the authority to provide that information to AIG Asia Pacific Insurance Pte. Ld, TAG7, II. have informed the individual about the purposes for which his/har personal information is callected, used and disclosed PAG to: (a) the personal information collected in this form (or otherwise provided during the course of the claim process, including by way of call recording) may be callected, used and disclosed PAG to: (b) process and administer this form (or otherwise provided during the course of the claim process, including by way for call recording) may be callected, used and disclosed PAG to: (c) the personal information collected in this form (or otherwise provided during the course of the claim process, including by way of call recording) may be callected, used and disclosed PAG to: (c) the personal information collected in this form (or otherwise provide) the personal information anot process may be add | f) Has a claim been made upon you? 🛛 Yes 🗌 Na | 0. | | |
| bench thereby by any found or will al misspresentation and that the information above on this form is true and that I/we have not conceeded any information relating to this claim. I, HEREBY DECLARE that to the best of my knowledge and belief, the above particulars as declared by me above are true and complete in every respect and are made without reservation of any kind. In relation to the personal information collected in this fam form, I garee and consent, and I if an submitting information relating to another individual, I represent and warrant that I have the during ty personal information and process my (Ahy Mey personal information as to but the consent of the consent device contained below. (a) the personal information collected in this form (or otherwise provided during the course of the claim process, including by way of call recordings) may be collected, used and diclosed by WA to consent, that AB may called; use and process my (Ahy Mey personal information as allows: (a) process and administer this insurance claim; (b) respond to requests for information from public and governmental/ regulatary authorities, statutory boards and for audit, compliance, investigation and inspection purposes; (b) respond to requests for information from public and governmental/ regulatary authorities, statutory boards and for audit, compliance, investigation and inspection purposes; (c) and provide a governmental/ regulatary authorities, statutory boards and for audit, compliance, investigation and inspection purpose; (c) process and administer this insurance object; (c) administer this personal information to the bein purpose by AG; (c) a concy out of deligence or other screening a | If yes, by whom and for what amount? | | | |
| reservation of any kind. In relation to the personal information collected in this latin form, I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the cuthority to provide that information to AIG Asia Pacific Insurance Pte. Ltd. (PAIG*). I have informed the individual about the purposes for which his/her personal information as follows: (a) the personal information collected in this form (or otherwise provided during the course of the claim process, including by way of call recordings) may be collected, used and disclosed by AIG to: (b) process and administer this insurance claim; (c) access and administer this insurance claim; (c) deal with disputes and complaints. (c) deal with disputes and complaints, (c) deal with disputes and complaints, (c) requests from the polic; (including pursuing recovery from reinsurers or other parties); (c) deal with disputes and complaints, (c) requests from the polic and governmental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes; (c) requests from the polic; functioning pursuing recovery from reinsurers or other scenario, and the individual in Compliance, investigation and inspection purposes; (c) addition with legal or regulatory obligations, six management procedures and AIG internal policies; (c) and the adjusted by law or that may have been put in place by AIG; (c) AIG may ransfer the personal information to the following classes of persons (whether located in Singapore or elsewhere) for the purposes identified in (a) above: (c) AIG may ransfer the personal information to the following classes of persons (whether located in Singapore or elsewhere) for the purposes identified in (a) above: (c) that participants and their advisor; (c) adjust participant and their advisor; (c) adjus | benefit thereby by any fraud or wilful misrepresentation ar | nd that the information shown on this form is true and that I/we | ately caused the said loss or damage or sought unjustly to have not concealed any information relating to this claim. | |
| base the authority to provide that information to AIG Asia Pacific Insurance Pie. Ld. (PAIG*), I have informati the individual about the purposes for which his/her personal information as follows: (a) the personal information collected in this form (or otherwise provided during the course of the claim process, including by way of call recordings) may be collected, used and disclosed by AIG to: (a) process and administer this insurance claim; (b) process, investiget, adjust and make a decision on this claim; (f) account of administer this insurance claim; (c) process and administer this insurance claim; (f) administer my insurance policy (Including pursuing recovery from reinsurers or other parties); (c) devine the devine of the policyhold; (f) administer my insurance policy (Including pursuing recovery from reinsurers or other parties); (c) devine the policyhold; (f) administer my insurance policy (Including pursuing recovery from reinsurers or other parties); (f) devine the policyhold; (f) administer my insurance policy (Including pursuing recovery from reinsurers or other parties); (f) devine the proposed to requests for information for public and governmental/ regulatory authorities, instructure, investigation and inspection purposes; (f) administer my insurance policy (Including pursuing recovery from reinsurers or other parties); (f) devine parties by the or other parties by the origin and the purposes intermation of the purposes intermation and places parties; (f) diriging parties beaddiriging admit and governments)/ regulatory authoritis, industry | | belief, the above particulars as declared by me above are true | e and complete in every respect and are made without | |
| disclosed by AG to: (1) process and administer this insurance claim; (ii) assess, investigate, adjust and make a decision on his claim; (iii) deal with disputes and complaints, (iv) respond to requests for information from public and governmental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes; (iv) respond to requests for information from public and governmental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes; (iv) respond to requests for information from public and governmental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes; (iv) respond to requests for information in place by AG; (iv) compliance with legal or regulatory obligations, risk management procedures and AG internal policies; (iv) for other purposes stated in AIG's Data Privacy Policy. (iv) for other purposes stated in AIG's Data Privacy Policy. (iii) dividing services related to the administration on my policy (including reinsurers) and processing of my daim; (ii) dividing services related to the administration on my policy (including reinsurers) and processing of my daim; (iii) dividing services related to the administration on my policy (including reinsurers) and processing of my daim; < | have the authority to provide that information to AIG Asia is collected, used and disclosed as well as the parties to w | Pacific Insurance Pte. Ltd. ("AIG"), I have informed the individu rhom such personal information may be disclosed by AIG, as se | al about the purposes for which his/her personal information et out in the contents of the consent clause contained below | |
| (i) third parties providing services related to the administration of my policy (including reinsurers) and processing of my claim; (ii) AIG's agents; (iii) AIG's agents; (iii) Dokers, my outhorised agents or representatives or next-of-kin; (iv) the policyholder; (v) legal process participants and their advisors; (vi) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums; (viii) other financial institutions for the purpose of administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers, external auditors; (ivi) other parties referred to in AIG's Data Privacy Policy for the purposes stated therein. Note: The full version of AIG's Data Privacy Policy can be found at http://www.aig.sg/sg-privacy_1030_237853.html. Date Signed here (Company's Stamp, if applicable) Particulars of Agent Signed here | disclosed by AIG to: (i) process and administer this insurance claim; (ii) assess, investigate, adjust and make a decision on this claim; (iii) administer my insurance policy (including pursuing recovery from reinsurers or other parties); (iv) deal with disputes and complaints, (v) respond to requests for information from public and governmental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes; (vi) carry out due diligence or other screening activities (including background check(s)) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by AIG; (vii) compliance with legal or regulatory obligations, risk management procedures and AIG internal policies; (viii) compliance additional dispersions, risk management procedures and AIG internal policies; (viii) compliance additional dispersions, risk management procedures and AIG internal policies; (viii) compliance additional dispersions, risk management procedures and AIG internal policies; (viii) compliance additional dispersions, risk management procedures and AIG internal policies; (viii) carry out due dispersions operations; and | | | |
| (Company's Stamp, if applicable) Particulars of Agent | (i) third parties providing services related to the administration of my policy (including reinsurers) and processing of my claim; (ii) AIG's agents; (iii) brokers, my authorised agents or representatives or next-of-kin; (iv) the policyholder; (v) legal process participants and their advisors; (vi) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums; (vii) other financial institutions for the purpose of administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers, external auditors; (viii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers, external auditors; (ix) another member of the AIG group (for all of the purposes stated in (a)) in any country; or (x) other parties referred to in AIG's Data Privacy Policy for the purposes stated therein. | | | |
| (Company's Stamp, if applicable) Particulars of Agent | Date Signed here | | | |
| | | | | |
| Name: Email: Contact No. | Particulars of Agent | | | |
| | Name: | Email: | Contact No. | |