

Liability Claim Form Policy/ Certificate No.

HSBC Life (Singapore) Pte. Ltd.
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The issuance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

A. POLICY INFORMATION	
Policyholder's Full Name	
Email Telephone No.	
Do you have other insurance covering you in respect of this incident?	
No Yes please provide details.	
Is your company GST Registered? Yes No	
B. CLAIMANT DETAILS	
Full Name	
Email Telephone No.	
C. LOSS DETAILS	
Claim Amount	
Details of the Claim	
Is the Claimant under your employment? Yes No	
please provide name and address of his/her employer	
Date and Time Place	
Description of accident	
When did you receive notice of the accident and from whom? If in writing, please attach a copy to this form.	
Describe in detail, your immediate actions taken upon notification of the incident.	

How could you have prevented the incident?		
State name of contractor/Distributor/Retailer involved in the	e incident and attach a copy of the contract agreement.	
State in your opinion whether you are liable for the incident	and reasons.	
Please provide name and address of every witness and ever	y other person who was present.	
D. BANK ACCOUNT DETAILS (for direct transfer to your ban	k account)	
Name (as per bank account)		
Bank Name	Bank Code	
Account No.	Branch Code	
Email (for payment notification)		
E. DECLARATION, AUTHORISATION & CUSTOMER'S DATA P	RIVACY CONSENT	
[Declaration] I/We confirm that I am/We are the claimant given above are to the best of my/our knowledge true and co	and/or the Policyholder and I/We declare that all the particulars orrect.	
	ent to and authorise the medical practitioner involved in the and discharge arrangements with and to HSBC Life (Singapore) ne validity of the original.	
[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling HSBC Life and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with HSBC Life (as the case may be), and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg ("Purposes").		
Date:	Date:	

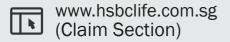
F. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT & IMPORTANT NOTE

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

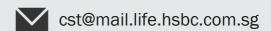
(Please tick against the documents you have submitted)		
Police Report/Incident Report		
Colour photos showing the damaged property &/or CCTV footage showing circumstances of incident		
Technical report from repairer on the cause and extent of the damaged property		
Tenancy and/or Contract Agreement		
Original repair/replacement invoices/receipts		
Important :		
Please do not admit liability without the written consent of HSBC Life		
Please forward to us all correspondences including writ of summons you may receive from any third party/parties or		
their representatives immediately and unanswered.		

G. TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following:







HSBC Life is committed to making your claim submission simple and easy. Thank you for insuring with HSBC Life, we are proud to serve you.