

Machinery Breakdown/Deterioration of Stock/Fusion



The Zurich Insurance Company Ltd. (Singapore Branch) (the "Company") does not admit liability by the issue of this form. It is issued to enable the insured to lodge a written statement of claim.

CASE/CLAIM NUMBER

Important information

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to ZURICH INSURANCE COMPANY LTD (SINGAPORE BRANCH).
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired.

Insured details – Please print you answers

Full name of insured – Mr, Mrs, Miss, Ms

Surname _____ Given name(s) _____

Address _____

Company Registration No. _____ Business _____

Policy number _____

Phone number _____

Mobile _____ Fax/E mail address _____

Date of loss / / Time am/pm

Where did loss occur?

Describe as fully as possible how loss occurred

Insured details (continued)

Do you consider any other party responsible for the loss? Yes No

If 'Yes', please state why?

Are you the sole owner of the property lost or damaged? Yes No

If 'No', give details of other owners or part owners

Do you hold any other insurance under which a claim for this loss may be lodged? Yes No

If 'Yes', please give details

Name and type of appliance to which motor is attached

Who was it purchased from?

Date of Purchase / / Price \$

Is the motor under a manufacturer's warranty? Yes No

If 'Yes', has a claim been made under the warranty?

Electrical repairers report

Make of motor _____ hp _____ Serial No. _____

Voltage _____ rmp _____ Open or sealed _____ Age _____

Details of damage _____

Cause of damage _____

Repair costs - amount Windings \$ _____ Compressor \$ _____

Other repairs \$ PLEASE ATTACH ACTUAL REPAIR ACCOUNT

Description of goods	Quantity	Cost	Amount claimed
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Repairs having been completed to my satisfaction I hereby claim the amount of			\$

Declaration

I / We declare that all particulars stated above and statements made in support hereof are true and correct and that no information relevant to this claim has been withheld and that no other persons have an interest of any kind in the said property.

I / We hereby acknowledge, consent and agree that –

- i. the Company may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as the Company deem relevant from time to time 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 the Company or other insurers;
- ii. the Company may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;
- iii. 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 Policy available at <http://www.zurich.com.sg/pdpa> (“Data Protection Policy”) as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Policy, the latter shall prevail;
- iv. 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 the Company, I / we represent and warrant to the Company 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 Policy; and
- v. I / We shall indemnify the Company for all losses and damages which may be suffered by the Company arising out of the breach of the declarations, representations and/or warranties herein.

Signature of insured X	Date / /
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