



اينسورنس ناسيونل

NATIONAL INSURANCE COMPANY BERHAD

Head Office : 3rd floor, Scouts Headquarters Building, Jalan Gadong, BE 1118, Brunei Darussalam
P.O.Box 1251, Bandar Seri Begawan, BS 8672, Brunei Darussalam
Tel. 2426888, 2450800 Fax. 2429888 (Admin), 2454277 (Underwriting/Claim), 2454303 (Accounts),
Email:insurance@brunet.bn

B.S.B. 6th Floor, Jalan Sultan Complex, B.S.B. BS8811, Brunei Darussalam. Tel. 2233999 Fax. 2238999
Kuala Belait F119A, 1st Floor, Kompleks Harapan, Jalan Setia DiRaja, Kuala Belait KA3131, Brunei Darussalam.
P.O.Box 41, Kuala Belait, KA1131. Tel. 3331527, 3330459 Fax. 3342191

PROPERTY CLAIM FORM (FIRE, THEFT, PLATE GLASS, GOLFERS AND HOMEPROTECTOR)

DOCUMENTS REQUIRED TO BE SUBMITTED:

- 1) *Property Claim Form duly completed*
- 2) *Quotations for replacement of or repair to damage or missing property*
- 3) *Police Report in the event of loss by Burglary and Theft*
- 4) *Fire Brigade Report/ Police Report in the event of Fire*
- 5) *Original Invoices/Receipts*
- 6) *Photographs of damaged items*
- 7) *Confirmation letter from the Club (for Golfers)*
For Damage/Loss to Golf Clubs/Bags/Golfing Equipment
 - *Original Purchase Bill*
 - *Photographs of damaged club*
 - *Repair bill*

The issue of this Form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

1. THE INSURED

<i>Policy No:</i>	<i>Expiry Date :</i>
<i>Name of Insured :</i>	<i>I/C/Passport No.</i>
<i>Address :</i>	<i>Tel. No:</i> <i>E-Mail Address:</i>
<i>Business Address</i>	<i>Tel. No:</i> <i>E-Mail Address :</i>
<i>Occupation/Business</i>	

2. THE LOSS OR DAMAGE

Nature of loss or damage : _____

Date : _____ *Time :* _____ *Place :* _____

Describe fully how it occurred :

3. DETAILS OF LOSS DAMAGE OR OCCURRENCE

a) <i>When and by whom discovered ?</i>	
b) <i>State name and address of person responsible for the loss or damage.</i>	
c) <i>At what place, date and time was the property last seen by you ?</i>	
d) <i>Is any part of the premises lent, let or sub-let or are paying guests received ? If yes, give details.</i>	
e) <i>Are there any steps taken to prevent a recurrence ? If yes, give details.</i>	
f) <i>Is there any other insurance on the property? If yes, give details.</i>	
g) <i>What is the total value of the property at date of occurrence.</i>	
h) <i>Do you own the property ? If no, give the name and address of the owner.</i>	
i) <i>Is the property subject to a hire purchase or loan agreement? If yes, give the name and address of Finance or Lending company.</i>	

4. ADDITIONAL QUESTIONS FOR GLASS BREAKAGE CLAIMS

a) <i>Size of broken glass</i>	
b) <i>Type of glass.</i>	
c) <i>Location (eg. Door, window, showcase etc)</i>	

5. THE POLICE

<i>Were particulars taken by or reported to the police? If yes,</i>	
a) <i>Give name of station.</i>	
b) <i>Give date and time.</i>	
c) <i>Attach a copy of the report.</i>	

6. **DESCRIPTION OF PROPERTY LOST OR DAMAGED**
If insufficient space please attach separate list.

INSTRUCTIONS REGARDING CLAIMS

a) *Items actually lost or stolen are to be described first in the detailed list. Items which have been damaged must be so described and shown at the end of the list.*
b) *Receipts showing date , price and place of purchase of the items set out below should accompany this form wherever possible.*
c) *The Insured must promptly take all possible steps to trace/recover the property lost in the case of theft to discover and punish the guilty party.*
d) *In the case of damage, an estimate for repair should be submitted. If the item is not repairable, a letter from repairers to that effect should be enclosed.*
e) **ALL SALVAGE MUST BE SURRENDERED TO NATIONAL INSURANCE.**

<i>Description of Property Lost or Damaged</i>	<i>Where and when purchased</i>	<i>Value at time of loss</i>	<i>Purchase price</i>	<i>Estimated cost of repair</i>	<i>Amount claimed</i>
				<i>Sub.Total</i>	
				<i>Less : Depreciation</i>	
				<i>TOTAL</i>	

I/WE HEREBY DECLARE THAT THE PROPERTY CLAIMED FOR HAS BEEN LOST, STOLEN, DESTROYED OR DAMAGED AND THAT THESE PARTICULARS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

IF ANY OF THE STATEMENTS/DECLARATION ARE FOUND TO BE UNTRUE, THE CLAIM WILL BE VOID.

Signature of Insured

Date : _____

TO BE RETAINED BY THE INSURED.

REMINDER

POLICY NO: _____

Property Claim Form.

Received at National Insurance Co. Bhd on : _____ by : _____

In the event of any occurrence which may give rise to a claim, no admission, offer, promise or payment shall be made by or on behalf of the Insured without the written consent of the Company. All correspondence made by the third party must be forwarded to the Company immediately unanswered.