

Property Claim Form



NATIONAL
INSURANCE COMPANY BERHAD

In association with **Allianz**

Email
claims@national.com.bn

BSB Office No.
+673 222 6222

KB Office No.
+673 333 1222

Reminder	Documents Required to be Submitted
<ol style="list-style-type: none">1. The Policyholder must give full and correct information.2. The company will not entertain any claim if the information given is incomplete.3. Acceptance of this notification does not construe any admission of liability or waiver on the part of the company of any breach of the conditions the insured may have breached.4. 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.	<ul style="list-style-type: none"><input type="checkbox"/> Police report and Fire Brigade Report<input type="checkbox"/> Original Invoice / Receipts of damaged items<input type="checkbox"/> Quotation for Replacement / Repair of items<input type="checkbox"/> Photographs of damaged items

Purpose of Notification	
<input type="checkbox"/> Fire	<input type="checkbox"/> Burglary / Break-In
<input type="checkbox"/> Windstorm / Lightning	<input type="checkbox"/> Plate Glass
<input type="checkbox"/> Landslide	<input type="checkbox"/> Burst Pipes / Flooding
<input type="checkbox"/> Others	

Policy Details	
Policy Number	

Policyholder's Details			
Policyholder Name			
Identity Card / Passport Number			
Company Registration Number			
Contact Number	(M)	(O)	(H)
Email Address			

Incident Details		
Date of Incident	Time of Incident	Place of Incident
Was the property and/or part of the property being sub-let?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of the Occupant who rented the property		
Name of Occupant		
Contact Number		
Total value of the property at the date of incident		
Was the property own by Policyholder? <i>If no, please provide details of the Owner.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Is the property subject to mortgage financing? <i>If yes, please provide the name of Financing Company.</i>	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Is the property subject to any other insurance company? <i>If yes, please provide details of the Insurance Company.</i>	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Detailed Statement of the Incident Occurred		

Description or Property Lost or Damaged			
Instructions regarding Claim			
1. Items 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. 2. Receipts showing date, price and place of purchase of the items set out below should accompany this from wherever possible. 3. 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. 4. In the case of damaged, an estimate for repair should be submitted. If the item is not repairable, a letter from repairers to that effect should be enclosed. 5. All salvage must be surrendered to National Insurance Company Berhad.			
Description of Property Lost / Damaged	Year and Place of Purchase	Original Purchase Price	Estimated costs of repairs / Claim Amount

