



اينسورنس ستندارد سنديرين برحد

**STANDARD INSURANCE SDN. BHD.**

(Incorporated in Negara Brunei Darussalam)

Head Office : Unit No. A11, Block A, Bgn. Habza, Spg. 150, Kg. Kiarong, BE1318, Negara Brunei Darussalam.  
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## NOTICE OF CLAIM

**THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.**

### WHAT TO DO IN THE EVENT OF A CLAIM

1. Particulars of the claim should be stated as fully as possible and any suspicions as to parties implicated should be communicated to the Company.
2. Attach all quotations obtained for replacement of or repair to the damaged or missing property.
3. Attach valuations and receipt for purchases whenever possible.
4. Advise Police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage, Travellers Baggage or Fire.
5. Attach any letter of demand or other correspondence that you may received from any Third Party.
6. Do not make any admission of liability for loss damage injury caused by you to third parties.

1. Claim No.	2. Client No.	3. Policy No.	4. Account No.
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**5. THE INSURED**

Name		Occupation /Trade	
Address			Telephone No.
Policy No.		Expiry Date	Has the premium been paid? YES/NO
Name of other Interested Parties (Hire Purchase, Lease, etc). if any			
Are there any other insurances in force which would cover this in whole or in part. YES/NO, If answer is YES, please advise:			
Name of Insurer			
Policy Details			

**6. DETAILS OF LOSS DAMAGE OR OCCURRENCE**

Date of Loss/Damage/or Occurrence		Time	BETWEEN A.M./P.M.
When was Loss/Damage/or Occurrence reported to you (if applicable)		Time	A.M./P.M.
Place and/or Premises where it occurred			
Please state full particulars how Loss, Damage or Accident occurred .....			
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Please describe Nature of Damage or Injury .....			
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**7. RESPONSIBILITY/WITNESSES**

Was another person, in your opinion, responsible for loss or damage or cause of the occurrence. YES/NO if reply is YES, please give full details:			
Name			
Address			
Post Code		Telephone No.	
Reasons			
Was there a witness/or witnesses to this event. YES/NO If reply is YES, please give full details			
Name			
Address			Telephone No.

**8. MISCELLANEOUS LOSSES**

If claiming under Fire, All Risk, Burglary, Housebreaking, Theft, Malicious Damage, Baggage, advise the following:-

(a) Full details of method used by offender .....

(b) When were the Police notified ..... Time ..... A.M./P.M.

Police Station ..... Officer's Name .....

State reason if not reported to Police .....

(c) Has the loss been advertised. YES/NO If answered YES, give particulars ..... and send copy of advertisement with this form.

(d) When was the property last seen by you .....

(e) At the time of loss how long had premises been unoccupied .....

(f) Are you the sole owner of the damaged property? YES/NO If No give details of interested parties .....

(g) What was the total value of the property insured by the policy at the time of loss?

Buildings \$ ..... Contents \$ .....

(h) If claiming for windstorm/Hurricane/Cyclone/Typhoon/Water Damage/Flood, advise the following:-

(1) Through what type of opening did Wind, Rain or Water enter premises .....

(2) Did Windstorm/Hurricane/Cyclone/typhoon cause opening to premises. Yes/No If answered YES? describe cause .....

**9. LEGAL LIABILITY**

(a) Name and Address of injured person or owner of damaged property.

Name .....

Address ..... Telephone No. ....

(b) Is the injured person or owner of damaged property in your employ, in the employ of any contractor or subcontractor to you, or a relative to you. YES/NO If answered YES, give details. ....

(c) Has any claim been made upon you. YES/NO If answered YES, state details and attach with this form All Communication received. ....

**10. INSURANCE HISTORY**

(a) Have you ever previously sustained Loss/Damage/or caused Damage or Injury to Third Parties. YES/NO If answered YES, give details of such losses and amounts involved .....

(b) Have you ever made a claim on any insurer? .....

