



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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: Ground Floor, Land Transport Department (HQ), Jln. Gadong, BE1110, Negara Brunei Darussalam. Tel: 245 2545 Fax: 245 2546

: No. 22, Block B, Lot 7421, Jln. Jaya Negara, Bgn. Pg Hj Ali Bersaudara, Kg. Pandan, Kuala Belait, KA1931, Negara Brunei Darussalam.

Tel: 333 6155 • 333 7793 • 333 7796 Fax: 333 6623

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?

