



Tokio Marine Insurance Singapore Ltd.

Unit A1 & A2, 1st Floor, Hau Man Yong Complex, Simpang 88,
Kg Kiulap BE1518

Negara Brunei Darussalam

Tel : 2236108 / 2236109 / 2236113

Fax : 2236102

All Risks Claim Form

The issue of this form is not to be taken as an admission of liability by the Insurer

Name of Policyholder : _____	
Policy No : _____	Tel No : _____
Address: _____	Email : _____
_____	Contact Person : _____

Address of the Premises at which the loss occurred: _____

Date of loss : _____ Time : _____ am/pm Place : _____
Describe fully how the loss or damage occurred : _____

Have the Police been advised or other enquiries made? (Please attach police report)

Do any other person/s an interest in this lost property? ()Yes ()No. If Yes, please specify: _____
Do you have any other existing insurance that refer to the property herein mentioned? ()Yes ()No If Yes, please specify: _____
Have you ever suffered similar loss/damage? If so, provide details of claim. _____ _____
If the loss is by fire, can it be repaired? ()Yes ()No. Please state the total amount claimed as set out in detail overleaf.
Declaration: I/We hereby declare that these particulars are true to the best of my/our knowledge and belief and I/we have in no manner caused the loss nor by any fraud or misrepresentation sought to benefit thereby. I accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false or inaccurate in any aspect.
Signature & Company Stamp of Insured _____ Date _____
Name : _____ Designation: _____
IC NO: _____

