Liberty Pte. Limited
One Raffles Quay #40-01 North Tower
Singapore 048583
Tel: 1800-LIBERTY (5423 789)
UEN | GST Reg. No. 201538069C
libertyinternational.com/sg

Claim Form: PetCare

Please complete all sections to facilitate the processing of your application. This form is issued without admission of liability and it must be completed and returned to us immediately, whether or not a claim is made. Any documentary proof or report required by Liberty shall be furnished at the expense of Policyholder or Claimant. Please submit the completed and signed claim form together with supporting documents to: Claims_admin.sg@libertymutual.com.

Information of Policyholder

Name of Policyholder: _____		Policy No.: _____
Mailing Address: _____		Postal Code ( )
Email: _____		NRIC/FIN No.: _____
Contact No.: _____	Name of Insured Pet: _____	Microchip No.: _____

Information of Claimant

Name of Claimant: _____		NRIC/FIN No.: _____
Mailing Address: _____		Postal Code ( )
Occupation: _____	Contact No.: _____	
Email: _____		

Claim Form - PetCare

Details of Claims

Date of Incident:	Time of Incident:	Location of Incident:
_____	_____	_____

Nature of Claim:

☐ Section I: Third Party Liability	☐ Section IV: Theft	☐ Section VI: Wellness Care
☐ Section II: Accidental Death	☐ Section V: Illness (Non-Surgical Treatment)	
☐ Section III: Accidental Injury	☐ Section V: Illness (Surgical)	

Circumstance of the Incident:

Describe the nature of injury sustained (where applicable):

Payment Details

Please select the claim payment mode.

☐ For payment by direct transfer into Policyholder's bank account

☐ For payment by direct transfer into bank account under someone other than Policyholder.
A Letter of Authorization and/or proof of relationship is required, together with a copy of the payee's identification document (NRIC or passport) and bank statement.

Full name (as shown in the bank account):	Nationality:
_____	_____
Name of Bank:	Bank Account Number:
_____	_____

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☐ For payment by PayNow
Please provide us with a copy of NRIC for verification purpose. The claim reimbursement can only be made to the Insured/Claimant and will be paid via transfer to your bank account linked by PayNow NRIC/FIN ID by default. Please ensure that you have signed up for PayNow with your bank by linking it to your NRIC/FIN ID.

NRIC/FIN ID:	UEN:
_____	_____

INDEMNITY
The Company shall not be liable for any loss incurred by you as a result of you providing the Company with incorrect bank account details for the payment of your claim.

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)
Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

PERSONAL DATA PROTECTION
By signing this form, I/we consent to Liberty Pte. Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

DECLARATION

1) I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or exaggerated the claim or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim. I understand Liberty reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.

   I authorise the release of any medical information necessary to process this claim.

_____ Date

_____ Signature of Claimant

_____ Date

_____ Signature of Policyholder & Company Stamp

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Documents Checklist

Section I: Third Party Liability 1. Injury to a Third Party • Documentary proof of ownership of the Insured Pet • Original medical bills and/or medical reports • Memo from the attending doctor stating the nature and suspected cause of injury 2. Damage to Third Party Property • Documentary proof of ownership of the Insured Pet • Photos of damaged property (if available) • Estimate of repairs/replacement	**Section II: Accidental Death** • Documentary proof of ownership of the Insured Pet • Vet report stating the cause and time of death
Section III: Accidental Injury • Documentary proof of ownership of the Insured Pet • Original Vet bills and/or Vet reports • Memo from the attending Vet stating the nature and suspected cause of injury • Photos of the injury sustained (if available)	**Section IV: Theft** • Documentary proof of ownership of the Insured Pet • AVA/SPCA Lost & Stolen reference number • Copy of the Police Report lodged in Singapore
Section V: Illness • Documentary proof of ownership of the Insured Pet • Original Vet bills and/or Vet reports • Memo from the attending Vet stating the nature of Illness, treatment & prognosis	**Section VI: Wellness Care** • Documentary proof of ownership of the Insured Pet • Original Vet bills

Claim Form: PetCare

Medical Information (to be completed by the attending Vet at the expenses of the Policyholder)

Name of Pet:

_____

Microchip No.:	Date when the Pet first consulted you:	Is condition due to:
_____	_____	_____

Was the Pet referred by another Vet? ☐ Yes ☐ No

If Yes, please state:

Name of Vet: Contact No.:

_____ _____

Address:

_____ Postal Code ( )

Presenting Complaints:

How long had the Pet been experiencing these symptoms? _____

Please confirm if treatment is related to illness or injury. ☐ Illness ☐ Injury

Investigations done? ☐ Yes ☐ No

If Yes, please state the results from investigation.

_____

Special diagnostic procedures? ☐ Yes ☐ No

If Yes, please state the procedures

_____

Surgical? ☐ Yes ☐ No

If Yes, please state

_____

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Medical Information (to be completed by the attending Vet at the expenses of the Policyholder)

Did injury require hospitalization? If Yes, please state. Date of Admission: _____	☐ Yes	☐ No
Is the Pet still under your care for this condition?	☐ Yes	☐ No
Would you describe the condition as:	☐ Pre-existing ☐ Hereditary	☐ Congenital ☐ Skin
Give details of any circumstances, such as physical defects or medical history which may have contributed to the condition/symptom and/or lengthen the period of disability.		
Any other comments:		

I hereby certify that I have personally examined and treated the patient for the above illness/injuries and that the facts as given above present my opinion of the patient's condition

_____ Date

_____ Signature of Vet