



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: _____		

Details of Claims

Date of Incident: _____	Time of Incident: _____	Location of Incident: _____
Nature of Claim:		
<input type="checkbox"/> Section I: Third Party Liability	<input type="checkbox"/> Section III: Accidental Injury	<input type="checkbox"/> Section V: Illness (Non-Surgical Treatment)
<input type="checkbox"/> Section II: Accidental Death	<input type="checkbox"/> Section IV: Theft	<input type="checkbox"/> Section V: Illness (Surgical)



Claim Form - PetCare

Details of Claims

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
Please provide a copy of your bank account statement showing the Name of Bank, Name of Account Holder and Account Number for your initial claim submission.

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

- 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: _____
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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.



Claim Form - PetCare

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 Data Protection Policy at <https://www.libertyinternational.com/sg/footer/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@libertyglobalgroup.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



Claim Form - PetCare

Documents Checklist

Section I: Third Party Liability 1. Injury to a Third Party <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Documentary proof of ownership of the Insured Pet• Photos of damaged property (if available)• Estimate of repairs/replacement	Section II: Accidental Death <ul style="list-style-type: none">• Documentary proof of ownership of the Insured Pet• Vet report stating the cause and time of death
Section III: Accidental Injury <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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	



Claim Form - PetCare

Did injury require hospitalization?

Yes

No

If Yes, please state.

Date of Admission:

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

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

