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 - HomeCare

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.: _____	

Nature of Claim

Type of Plan: Please select	
At the time of the loss, had the premises been left unoccupied? If Yes, please state how long it had been left unoccupied? _____	Please select

Details of Accident/Loss/Injury

Date of Accident/Loss/Injury: _____	Time of Accident/Loss/Injury: _____	Place of Accident/Loss/Injury: _____
Brief description of Accident/Loss/Injury: _____		

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Please provide original medical bills and/or medical reports/memo from doctor stating the nature of the injury.

Details of Property Lost/Damaged	Owner of Property	Year of Purchase	Original Purchase Price	Amount Claimed
			S$	S$
			S$	S$
			S$	S$
			S$	S$
			S$	S$

Please provide the following (if applicable):
Original purchase bills/invoices of property lost/damaged, if available
Written report(s) lodged with the Police

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: _____

☐ 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.

DECLARATION

a) 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.
b) I authorise the release of any medical information necessary to process this claim.
c) 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.

_____
Date

_____
Signature of Policyholder
(Company stamp, if applicable)