

PROPERTY LOSS CLAIM FORM



Insured information

Policy number	<input type="text"/>	Insured	<input type="text"/>
Contact number	<input type="text"/>		
Occupation	<input type="text"/>		

Details of event

Address where loss occurred	<input type="text"/>
Date of loss	<input type="text"/>
Date/time discovered	<input type="text"/>
Estimated value of loss	<input type="text"/>
Time of event	<input type="text"/>
Police station	<input type="text"/>
Police case number	<input type="text"/>
Date reported to police	<input type="text"/>
Detailed description of event	<input type="text"/>

Risk details

Were the premises occupied at the time of loss?	<input type="checkbox"/>
If not, was the alarm set?	<input type="checkbox"/>
Are you the sole owner of the property subject to the claim?	<input type="checkbox"/>
If 'No', please give details of other interested parties	<input type="text"/>
Is the property subject to the claim insured elsewhere?	<input type="checkbox"/>
If 'Yes', please provide details of insurer and policy number	<input type="text"/>

Claim Payment

Claim payment will be made into the account from which we collect premium.

Declaration

Information Sharing Declaration

It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database and used by other insurance companies as explained above. This includes information regarding the renewal or continuation of your policy or any claim that you may submit;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete.

I/We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:

Processing Consent:

By making use of our services, products and service channels, I explicitly agree and consent that MUA may process my personal information (which includes special personal information) for the purposes as described in the [Privacy and Security Policy](#). Please note that if you are acting on behalf of the proposer / policyholder in any capacity, by signing, you explicitly confirm that you have the written/recorded authority and/or mandate to act on their behalf.

Signature of Policyholder/Proposer:

Date:

