



# اينسورنس ناسيونل

## National Insurance Company Berhad

(Incorporated in Negara Brunei Darussalam)

**Head Office :** Units 12 & 13, Block A, Regent Square, Simpang 150, Kampong Kiarong  
Bandar Seri Begawan BE1318 Negara Brunei Darussalam  
P. O. Box 1251, Bandar Seri Begawan BS8672, Negara Brunei Darussalam  
Tel: 242 6888, 245 0800, 222 6222, 223 3999 Fax: 242 9888 (Administration / Claims)  
Email: insurance@national.com.bn

**Kuala Belait :** Unit 20, Block C, Lot 8989, Jalan Pandan Tujuh, Kuala Belait KA1931  
Negara Brunei Darussalam  
P.O.Box 1336, Kuala Belait KA1189, Negara Brunei Darussalam  
Tel : 333 1222, 333 6468, 333 6469, 333 2038 Fax : 334 2191  
Email: kb@national.com.bn

## PROPERTY CLAIM FORM (FIRE, THEFT, PLATE GLASS, GOLFERS AND HOME PROTECTOR)

### DOCUMENTS REQUIRED TO BE SUBMITTED:

- 1) Property Claim Form duly completed
- 2) Quotations for replacement of or repair to damage or missing property
- 3) Police Report in the event of loss by Burglary and Theft
- 4) Fire Brigade Report/ Police Report in the event of Fire
- 5) Original Invoices/Receipts
- 6) Photographs of damaged items
- 7) Confirmation letter from the Club (for Golfers)   
*For Damage/Loss to Golf Clubs/Bags/Golfing Equipment*
  - Original Purchase Bill
  - Photographs of damaged club
  - Repair bill

*This issue of this Form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.*



**1. THE INSURED**

<i>Policy No:</i>	<i>Expiry Date :</i>
<i>Name of Insured :</i>	<i>I/C/Passport No.</i>
<i>Address :</i>	<i>Tel. No:</i> <i>E-Mail Address:</i>
<i>Business Address</i>	<i>Tel. No:</i> <i>E-Mail Address :</i>
<i>Occupation/Business</i>	

**2. THE LOSS OR DAMAGE**

*Nature of loss or damage :* \_\_\_\_\_

*Date :* \_\_\_\_\_ *Time :* \_\_\_\_\_ *Place :* \_\_\_\_\_

*Describe fully how it occurred :*

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### 3. DETAILS OF LOSS DAMAGE OR OCCURRENCE

a) When and by whom discovered ?	
b) State name and address of person responsible for the loss or damage.	
c) At what place, date and time was the property last seen by you ?	
d) Is any part of the premises lent, let or sub-let or are paying guests received ? If yes, give details.	
e) Are there any steps taken to prevent a recurrence ? If yes, give details.	
f) Is there any other insurance on the property? If yes, give details.	
g) What is the total value of the property at date of occurrence.	
h) Do you own the property ? If no, give the name and address of the owner.	
i) Is the property subject to a hire purchase or loan agreement? If yes, give the name and address of Finance or Lending company.	

### 4. ADDITIONAL QUESTIONS FOR GLASS BREAKAGE CLAIMS

a) Size of broken glass	
b) Type of glass.	
c) Location (eg. Door, window, showcase etc)	

### 5. THE POLICE

Were particulars taken by or reported to the police? If yes,	
a) Give name of station.	
b) Give date and time.	
c) Attach a copy of the report.	



***I/WE HEREBY DECLARE THAT THE PROPERTY CLAIMED FOR HAS BEEN LOST, STOLEN, DESTROYED OR DAMAGED AND THAT THESE PARTICULARS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.***

***IF ANY OF THE STATEMENTS/DECLARATION ARE FOUND TO BE UNTRUE, THE CLAIM WILL BE VOID.***

\_\_\_\_\_  
***Signature of Insured***

***Date:*** \_\_\_\_\_

**TO BE RETAINED BY THE INSURED**

REMINDER

POLICY NO: \_\_\_\_\_

*Property Claim Form.*

*Received at National Insurance Co. Bhd on : \_\_\_\_\_ by : \_\_\_\_\_*

*In the event of any occurrence which may give rise to a claim, no admission, offer, promise or payment shall be made by or on behalf of the Insured without the written consent of the Company. All correspondence made by the third party must be forwarded to the Company immediately unanswered.*



