

Motor Loss of Use Benefits Claim Form**Important Notice:**

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.

Procedure for submitting a Loss of Use Claim

- 1) Check your policy to ascertain whether you are entitled to Loss of Use (LOU) Benefits. If you are claiming or have already claimed against a third party for LOU benefits you will not be entitled to claim under the policy.
- 2) LOU benefits will be paid based on the number of days of repair as recommended by the Company's authorised surveyors, where repair period exceeds 3 days and is subject to a maximum of days stated in the Policy.

Agency _____

Policy / Certificate No D22MT101007B3**A. INSURED'S DETAILS**

a. Name Dr/Mr/Mrs/Ms SAMUEL LIM MING HUN

b. Address 9 JALAN LELUA 5908730

c. NRIC / Passport Number S7250627H Date of Birth 22/7/2272

Business / Occupation Education / Director Contact Number 9649 6457

B. VEHICLE & ACCIDENT DETAILS

a. Vehicle number PKM1258T Accident Date 22/12/2022 Time 1505

b. Name of workshop repairing your vehicle AM LIM MOTOR COMPANY

c. Date vehicle collected 10/01/23 Was replacement car provided? ☐ Yes ☒ No

C. PAYMENT DETAILS (if claim falls within terms and conditions of the policy)Please confirm payee name if claim is payable SAMUEL LIM MING HUN**Note:** If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.**Declaration**

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg

* [Signature]
Insured's Signature

10/01/2023
Date