

Underwritten by:

Partnered with:



Liberty Insurance Pte Ltd
51 Club Street #03-00 Liberty House
Singapore 069428
Tel: 1800-LIBERTY (542 3789)
Reg. No. 199002791D | GST Reg. No. M2-0093571-3
www.libertyinsurance.com.sg



Yale Protect Claim Form

Job ID: _____

Types of Claims:

- Repair/Replacement to locks
Door/Gate Extension Benefit
Alternative Accommodation Cash Benefit*

Personal Details of Claimant

Name: _____

Mailing Address: _____ Postal Code _____

Email: _____ Contact No: _____

Details of Loss / Accidental Damage

- For Break In, please ensure police report is made and a copy is attached together.
For all other claims, please attach invoice for repair/replacement together with Technician report and photos of damages
To attach receipt of the initial purchase whenever possible.

Date of Loss / Accidental Damage:

Time of Loss / Accidental Damage:

1) Brief Description of Accident/Loss/Damage: _____

2) Was the premises been occupied at the time of the occurrence? If not, when was it last occupied:

- 3) For Alternative Accommodation Claim*
- a) Please provide reason/s for house/unit being “Unhabitable”

*Please provide supporting document on the next available repair/replacement date by Yale Authorised Technician and/or Gate/Door Contractor. This extension benefit is only payable upon approval from the insurer

For Claim Payout

Bank Account Information for Electronic Transfer

Name of Bank:	Bank Code:	Branch Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Account No.:	Name of Bank Account Holder:	
<input type="text"/>	<input type="text"/>	

I agree to hold Liberty Insurance Pte Ltd harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given above.

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 Insurance reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.
- b) I/We have read & agreed entirely to all terms in Liberty’s Data Protection Policy, available on request & also at www.libertyinsurance.com.sg/data-protection-policy, both now & in advance as it may be amended from time to time.

Date

Signature of Insured
(Company Stamp, if applicable)

Upon Completion of the form, please indicate on Subject Header “Yale Protect Claim – Job ID No _____” and email to:-

- Bolttech
Email: ie-support@bolttech.sg

And

- Liberty Insurance Pte Ltd
Email: claims_admin@libertyinsurance.com.sg