

## Liability Claim Form

Policy Number		Policy Holder's Full Name	
Policy Holder's Email		Policy Holder's Telephone Number	
Do you have other insurance covering you in respect of this accident? (Yes / No)			
If yes, please provide details.			
Is your company GST registered? (Yes / No)		If yes, please provide GST Number	

**Important Notice**

1. The Policyholder and/or the claimant must truthfully declared the information and particulars to the best of your / their knowledge and belief.
2. The acceptance of this form is not in itself an admission of liability on the part of the Company.
3. If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under this policy, the policy will be rendered void.

This form is issued without admission of liability.

Claimant Details			
Claimant Full Name		Claimant Email	
Claimant Telephone Number			

Loss Details			
Amount Claimed			
Detail of the Claim			
Is the claimant in your direct employment? (Yes / No)			
If no, please provide name and address of direct employer.			
Date of Accident		Time of Accident	
Location of Accident			
Description of Accident			
When did you receive notice of the accident?	Date		Time
From whom did you receive notice of the accident?		If in writing? (Yes / No)	
Describe in detail, your immediate actions taken upon notification of the incident			
How could you have prevented the incident?			
State name of Contractor / Distributor / Retailer involved in the incident and attach a copy of the contract agreement.			
State in your opinion whether you are liable for the incident and reasons.			

If accident arose from the negligence of one of your employee / you and / or your family members? (if applicable)	
Name	
Address	
Occupation	
What was your employee engaged to do?	
What act of negligence is alleged against him?	
Please provide name and address of every witness and every other person who was present.	
Name	Address

Documents Required for Claim Assessment
<input type="checkbox"/> Police Report / Incident Report <input type="checkbox"/> Colour photos showing the damaged property & / or CCTV footage showing circumstances of incident <input type="checkbox"/> Technical report from repairer on the cause and extent of the damage property <input type="checkbox"/> Tenancy and / or Contract Agreement <input type="checkbox"/> Original repair / replacement invoices / receipts <input type="checkbox"/> Writing notice of the accident

Declaration	
<p>1) [Declaration] I/We declare that the information given in this form is true and correct to the best of my knowledge and belief.</p> <p>2) [Authorization] I/We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Etiqa Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.</p> <p>3) [Customer's Data Privacy Consent] I/We further declared that the information written in this claim form or held by Etiqa Insurance Pte Ltd whether contained in my/our insurance application or otherwise obtained may be used and disclosed to your authorised staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my/our claim. I/We understand my/our data that may also be used for audit, business analysis and reinsurance purposes. My/Our signature below will signify this consent.</p>	
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Signature of Insured Company's stamp (if applicable)</p>