

Liability Claim Form

Policy No.		Intermediary	
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Important Notice

1. The Insured is required to furnish the particulars above as fully and accurately as possible.
2. This form is sent without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions the Insured may have committed.
3. The acceptance of this form is not in itself an admission of liability on the part of the Company.
4. If any person has been injured or damage has been caused to a Third Party Vehicle or Property, **DO NOT** admit liability in any way.
5. Communication of any kind you receive regarding the accident should be sent **immediately and unanswered** to the Company.

Particulars of Insured

Name of Insured		NRIC / PP No.	
Residential Address			
Business Address			
Mobile No.	Residential Tel No.	Business Tel No.	

Details of the Accident

Date of Accident		Time	
Place of Accident			

Give full details how accident occurred:

What work were you or your employees engaged to do (if applicable)?

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Give Name and Addresses of all Witnesses: (State if own employee or independent witness)

If accident arose from the negligence of one of your employees / you and / or your family members (if applicable): For Business:

a. State his name

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State his address

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State his occupation
b. What work were you or your employees engaged to do?
c. How long has he been employed in the job?
d. Was he given any form of training?
e. What act of negligence is alleged against him?

f. Do you consider he was negligent?
g. If so, in what aspect?
h. Does the man himself admit he was at fault?

For Personal Liability:

a. State name of person who cause the injury/damage:
b. Do you consider he was negligent?
c. If so, in what aspect?
d. Does the man himself admit he was at fault?

If accident is attributed to defect in your premises or plant,

a. State nature of defect alleged
b. Do you admit a defect?
c. Were you aware of the defect before the accident?
d. If so, what steps have you taken to remedy it?
e. Have you authorized any alteration or repair since the accident?
f. If so, of what nature?

If plant and / or machinery are used (for business only)


a. Who was operating it at the material time?
b. To whom the plant and / or machinery belong ?
c. Name of Insurance Company of plant and / or machinery

Particulars of injured Third Party

a. Name	Age	Occupation
b. Address		
c. Nature of injury		

d. Was the accident attributed to or caused by negligence on the part of the injured person?
e. If so, in what way was the injured person negligent?
f. Had the injured person a right to be where he was?
g. Name of Third Party's employer
h. Is Third Party's employer your sub-contractor?
i. Does his contract include a provision indemnifying you against accidents to his employer?
j. If Third Party's employer is your Principal Contractor, does your contract include an indemnity to the Principal Contractor?

Particulars of Third Party damage
a. Description of property damaged
b. Nature and extent of damage
c. Name and address of owner of the property damaged
d. Has a claim been made upon you in respect of this accident?
e. If so, for what amount?

Claims Payout Instruction
 Get Paid Faster! <input type="checkbox"/> By Direct Credit <i>* SMS notification will be sent to you once the payment is credited to your account.</i>
Name of Bank and Branch
Bank Account Number
Name of Account Holder
<input type="checkbox"/> By Cheque <i>(Please note that processing and mailing of Cheque payment may takes up to 3 weeks)</i>

Declaration



1. I/We hereby declare that the foregoing particulars are true in every respect.
2. 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.
3. [Direct Credit] I/We confirm that there had not been any change to my tax residency status or any circumstances which affects my/our tax residency status and undertake to provide Etiqa with a suitably updated self-certification and documentation otherwise.
4. [Direct Credit] Confirm that the payment information provided by me/us in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.
5. [Direct Credit] Notwithstanding the above, Etiqa Insurance Pte Ltd reserves the right to release payment to me/us by cheque if we are unable to payout the claim by direct credit.

Date

Signature of Insured
Company's stamp (if applicable)