

Liability Claim Form

Policy Number	
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Please note that this form is issued without admission of liability. Please state all relevant information requested as complete and as accurate as possible.

Particulars of Insured (Company / Individual)

Name of Insured (As in NRIC/Passport) ⁺			GST Registration Number ⁺
Business / Home Address*			Effective Date of Registration ⁺ (dd/mm/yyyy)
Contact Person ⁺			Business / Occupation
Contact Number (H)	(O)	(HP)	Email
+ If applicable * Delete if not applicable			

Details of Accident

Date of Accident (dd/mm/yyyy)	Time of Accident <input type="checkbox"/> am <input type="checkbox"/> pm	Place of Accident
When and by whom was it first notified to you?		
State fully what happened		
Name and Contact Number of person who witnessed this accident		
Which of these witnesses are in your employ?		
If a Police Report was made, please state Name of Police Station and Report Number (please provide a copy of Police Report):		

Details of Property Damage / Injury to Third Party

Name and Address of Third Party
Occupation / Business of Third Party
Details of damage to Third Party property
Details of Third Party injuries
Is the Injured Person your sub-contractor's employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the Contract Agreement
Is the Third Party your tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state nature of tenancy and date of commencement (please provide copy of the Tenancy Agreement)
Have you received notice of claim from any Third Party? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give particulars and enclose all correspondence / documents that you have received

Other Information

Did the accident arise from negligence of your employee? Yes No
Please state reason:

What act of negligence is alleged against the employee?

In what aspect was the accident contributed to or caused by negligence on the part of the Third Party?

Why was the Third Party at the place of accident?

If the accident was attributed to defect in your premises, please state nature of defect

Were you aware of the defect before the accident? Yes No
If Yes, please state action taken to remedy such defect:

Is the accident the first occurrence of this nature? Yes No
If No, please give details of previous occurrences:

Was the premise tenanted at the time of accident? Yes No
If Yes, please provide copy of the Tenancy Agreement

What are the preventive measures taken after the incident?

OTHER INSURANCE OR COMPENSATION

Is there any other Liability insurance covering this accident? Yes No
If Yes, please state Name of Insurance Company and Policy Number:

Declaration

I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and I/we shall forfeit my/our rights to claim under the policy.

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Signature of Insured

.....
Company's Stamp (if applicable)

.....
Name

.....
Date