

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 completely and as accurately 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 applicable

Details of Accident

Date of Accident (dd/mm/yyyy)	Time of Accident am pm	Place of Accident
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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? Yes No

If Yes, please provide a copy of the Contract Agreement

Is the Third Party your tenant? Yes 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? Yes 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:

Mode of Payment (if applicable)

My preferred way to receive payment is:

☐ PayNow

Name of Account Holder

NRIC / FIN / UEN Number

☐ Credit to my Bank Account

Name of Account Holder (as in Bank Account)

NRIC / FIN / UEN Number

Bank Name

Bank Code

Branch Code

Bank Account Number (Please key in numbers only and omit any dashes '-')

☐ By Cheque

Name of Payee

Declaration

Please note that you are submitting this claim to MSIG Insurance (Singapore) Pte. Ltd. Please see our full Terms of Use and Privacy & Cookies Policy on our website www.msig.com.sg.

By submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim. We may also share your personal data with other Insurers and the General Insurance Association of Singapore (as well as their Third Party service providers) as part of the industry's efforts for proper underwriting and proper administration of claims. This may include sharing the personal data for investigating fraud, exaggerated claims, and other criminal or improper acts.

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 the Insurer may refuse to pay the claim.

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Signature of Insured

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Company's Stamp (if applicable)

.....
Name

.....
Date