MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
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Claim Notification: claimsnotification@sg.msig-asia.com
A Member of MS&AD INSURANCE GROUP

Contractors/Erection All Risks Claim Form

Policy Number	

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

Name of Insured	GST Registration Number+
Address	Effective Date of Registration+ (dd/mm/yyyy)
Title of Contract Insured	Name of Contact Person
Location and Address of Contract Site	
Contact Number (H) (O) (HP)	Email

+ If applicable

Details of Occurrence

Date of loss/damage occurred (dd/mm/yyyy)	Time of loss/damage occurred am pm	Loss/damage was discovered by
Date of loss/damage discovered (dd/mm/yyyy)	Time of loss/damage discovered am pm	Designation of this person

State fully what happened

Name and contact number of person who witnessed this occurrence

SECTION I

Which items were lost / damaged? (Please describe in details)

- Contract / Erection Works _____
- Construction Plant and Equipment _____
- Construction Machinery _____
- Civil Engineering Works _____
- Existing or Surrounding Properties _____

What was the probable cause of damage?

How far had the construction / erection of the damaged item(s) progressed at the time of occurrence?

How will the damaged item(s) be repaired and by whom?

What are the estimated costs to repair / replace the damaged / lost item(s)?

- Contract / Erection Works _____
- Construction Plant and Equipment _____
- Construction Machinery _____
- Civil Engineering Works _____
- Existing or Surrounding Properties _____

Will any alterations or improvements be made to design, construction or material when repairs are carried out? Yes No
If Yes, please give details:

SECTION II

Is Third Party liability involved? Yes No
If Yes, please give name and address of any persons injured or the owner of the property damaged:

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:

Have you in any way admitted liability? Yes No
Please state reason:

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?

OTHER INSURANCE OR COMPENSATION

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

Supporting Documents

1. Quotations of repair or replacement
2. Photographs of damaged item(s)
3. Police Report / Incident Report, whichever is applicable
4. Invoices of lost or damaged item(s)

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 '-')**

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.

We declare that the information given is true and correct to the best of our knowledge and belief. 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.

Signature of Insured

Company's Stamp (if applicable)

Name

Date