

Public Liability

CLAIM FORM

Policy Number

SECTION A: INSURED DETAILS

Name of Policyholder
Contact Number Email Address
Company/Business GST registration number

SECTION B: CLAIMANT DETAILS

Name(as per NRIC/FIN)
Address
Contact Number Email Address
Age Gender Is he/she your employee?

Do you have any business connection to the injured person? If **Yes**, please specify.

SECTION C: CLAIM LOSS DETAILS

Date and Time Exact place where the accident occurred

When were you first notified of this claim?

Provide full details of the circumstances leading to the accident

In your opinion, who was responsible for the accident and why?

Was the accident caused by any defect in your premises, plant or machinery? If so, please provide your replies to the following questions:

Name of person who operated the machine at the material time of the accident

Who owns the plant and/or machinery?

Name of insurance company of this plant and/or machinery

State the exact nature of the defect

Did you admit the defect alleged? If yes, were you aware of the defect before accident? What are the steps that you have taken to remedy the defect?

Have you ordered any alteration or repair after the accident? If so, please provide details of such alteration or repair.

Was the accident caused by any of your employees? If **Yes**, please specify.

SECTION D: WITNESS(ES) DETAILS

Please provide Names, Mobile numbers and Email addresses of each and every witness who was present at the time of the accident.

SECTION E: THIRD PARTY'S EXTENT OF INJURY

Which parts of the body was injured and how severe was the injury?

Did the injured person seek medical treatment from the hospital or clinic immediately after the incident? If no, please provide the first consultation date and the name of the hospital or clinic consulted.

SECTION F: THIRD PARTY'S PROPERTY DAMAGE

Describe in full details the property which was damaged (eg. the make and model/type of item/date of purchase)

Name of Property Owner

Has a claim been made upon you for this accident? If yes, what was the amount claimed?

SECTION G: DOCUMENTS REQUIRED TO SUPPORT YOUR CLAIM

1. A copy of the Police Report and incident report.
2. Photographs of the damage and/or CCTV footage.
3. Any relevant document to support your position on this incident.

Important Note

- Any written communication or Writ of Summons from a third party should be unanswered and forwarded to us immediately.
- Please do not admit liability without the prior written consent of Singapore Life Ltd.

SECTION H: DECLARATION & AUTHORISATION

I/We declare that the information provided is, to the best of my knowledge, correct in every detail. I agree that if I/We have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

I hereby authorise any hospital physician, other person, who has attended or examined me, to furnish Singapore Life Ltd., or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

Date

Name of the Authorised Person of Insured

Signature of the Authorised Person of Insured & Company Stamp

Please send completed and signed physical form with any receipts and documents to support your claim to:

General Insurance Claims
Singapore Life Ltd.
4 Shenton Way
#01 - 01 SGX Centre 2
Singapore 068807

Note: The acceptance of this form is NOT an admission of liability on the part of Singapore Life Ltd.
If there are no original receipts requirement, you can send via email to gi_claims@singlife.com.