

LIABILITY CLAIM FORM

Agency _____

Policy No _____

SECTION 1 - PARTICULARS OF INSURED

1. Name of Insured: _____ NRIC No.: _____
2. Address: _____ Tel: (O): _____
_____ (H): _____
3. Business / Occupation: _____ (H/P): _____
4. Have you other policies covering you in respect of this incident? Yes No
If Yes, please furnish details:
- _____
- _____

SECTION 2 - PARTICULARS OF LOSS OR DAMAGE

1. Date: _____ Time: _____
2. Location: _____
3. When did you receive notice of the accident and state the name and contact number of the person reporting the loss or damage: _____

4. Has a claim been made upon you in respect of this accident? If so, what is the amount of the claim?
Yes No If Yes, state the amount claimed: _____
5. Please give a brief description how the accident occurred : _____

6. Did the accident arise from the negligence of your employee(s)? Yes No

SECTION 3 – PARTICULARS OF WITNESS(ES)

1. Name: _____ Tel : (O) _____ (H/P) _____

Address: _____

2. Name: _____ Tel : (O) _____ (H/P) _____

Address: _____

SECTION 4 - PARTICULARS OF THIRD PARTIES

1. Name: _____ Tel : (O) _____ (H/P) _____

Address: _____

2. Name: _____ Tel : (O) _____ (H/P) _____

Address: _____

SECTION 5 - PARTICULARS OF PROPERTY DAMAGE

1. Nature and extent of damage: _____

2. Approximate value: _____

3. What steps were taken to remedy such defects? _____

SECTION 6 - PARTICULARS OF INJURED

A. Name of Insured: _____ Tel: (O): _____ (H/P): _____

Occupation: _____ Relationship to Insured: _____

Nature and extent of injuries: _____

Is the injured person in your direct employment? Yes No

Is the injured person's employer your sub-contractor? Yes No

B. Name of Insured: _____ Tel: (O): _____ (H/P): _____

Occupation: _____ Relationship to Insured: _____

Nature and extent of injuries: _____

Is the injured person in your direct employment? Yes No

Is the injured person's employer your sub-contractor? Yes No

SECTION 7 - DECLARATION BY CLAIMANT

I declare that the information given in this form is true and correct to the best of my knowledge and belief.

Name and Signature of Claimant

Date

Please note:

1. The acceptance of this form is NOT an admission of liability on the part of the Company.