



大華保險
UNITED OVERSEAS INSURANCE

(A MEMBER OF THE UNITED OVERSEAS BANK GROUP)
Singapore Company Reg No. 197100152R

WORK INJURY COMPENSATION
CLAIM FORM

Please answer all the questions and submit to us with copies of your reports to the Ministry of Manpower, originals of medical bills & receipts and originals of medical certificates.

--	--	--	--	--	--

Day Month Year

Date of Accident

United Overseas Insurance Ltd

3 Anson Road #28-01 Springleaf Tower, Singapore 079909

Tel: 6222 7733 Fax: 6327 3869 / 6327 3870 <http://www.uoi.com.sg> email: contactus@uoi.com.sg

Please answer all questions. Dash is not acceptable. If nil or not applicable please write nil or N.A.

EMPLOYER

Policy No.: _____ (mandatory) Broker / Agent: _____

Name of Insured: _____

Business: _____

Address: _____

_____ Tel. No.: _____ Fax No.: _____

INJURED PERSON

Name: _____ Date of birth: _____

*Identity card / Passport / Work Permit No.: _____ Sex: _____ Nationality: _____
(Please delete whichever is not applicable)

Address: _____

State occupation in which the injured person is employed. Please describe his / her duties.	
Was the injured person engaged in this occupation when the accident occurred? If not, in what capacity was the injured person engaged?	
Was there any project involved?	
Is the injured person in your direct employ? If not, give name of Contractor: Address of Contractor: Name of Contractor's insurer:	
When did the injured person enter your service?	
Name of hospital to which injured person was taken. State whether In or Out patient. State whether still in hospital, or when discharged.	
State whether returned to work, and if so, date returned to work.	
Are you satisfied the injured person has met with a bona-fide accident of employment?	
Is the injured person able to do partial work?	
What is the probable period of disablement (approximate)?	
Has the accident been reported to the Ministry of Manpower (MOM) Date reported? (Please let us have copy of the MOM report). Has the accident been reported to the police (if applicable)? Date reported? (Please let us have copy of the police report)	

Date of accident: _____ Time of accident: _____

Place of accident _____

Name of construction project: _____
(if applicable)

Is your company involved in the above project as sub-contractor? Yes / No

Did the accident occur on board a vessel? Yes / No

When did you receive notice of accident and from whom? If In writing, please attach to this form.

On what date did the injured person actually cease work?

Briefly describe what was the cause of the accident and how it happened.

If from machinery or gearing:

- (a) Was it fenced or guarded.
- (b) Was it being cleaned whilst in motion?

Briefly describe the nature of injury sustained.

What was the general nature of the contract or work going on?

Was the injured person under the influence of drink or drugs at the time of accident?

Was he guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars.

State the names of any persons who witnessed the accident.

