

Claim Form - Public Liability Including Property Owners

This Form is issued without prejudice to any of the Stipulations or Conditions of the Company's Policy, and is not to be taken as an admission of liability on the part of the Company.

This Form should be completed and returned within SEVEN (7) days of its receipt by the Insured

IT IS ESSENTIAL THAT EACH QUESTION SHOULD BE ANSWERED AS FULLY AND ACCURATELY AS POSSIBLE

PARTICULARS OF CLAIM

Insured : _____	Insured Person : _____
Address : _____	Policy No : _____

Singapore _____	Contact Number : _____
	Email : _____
Date of payment of last premium : _____	Date of Incident : _____

1.	(a) When and by whom was it first reported to you? (b) Exact place where the accident happened.	
2.	Details of accident stating fully how it occurred.	
3.	Name and address of any person(s) injured or the property damaged.	
4.	Full details of personal injuries	
5.	Also of damage to property (a) Estimate of loss (b) Have you received notice of any claim? If verbal, give particulars; if in writing, enclose documents	

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6.	Any police investigation? If so, please enclose relevant documents	
7.	Names and addresses of witnesses of accident. (if none taken, give reasons why.)	
8.	Please complete the following if Claim is under a Property Owner's Policy	
	<p>(a) Name and Address of your Tenant</p> <p>(b) Nature of tenancy and date of commencement</p> <p>(c) Rental</p> <p>(d) Had any notice of defect been given to you or your agent prior to the accident?</p> <p>(e) If so, on what date and what steps were taken to remedy such defect?</p>	

Declaration

I/We declare the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter

Date : _____

Signature : _____ NRIC No : _____

Company Stamp (if applicable) : _____