

General Liability Claim Form

QBE Insurance (Singapore) Pte Ltd



THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

How to complete this form

1. Please complete 1. to 7. and 13.
2. Please complete the remaining relevant portion e.g. 9. for Fire Loss, 11. for Personal Accident etc.
3. Please send the completed claim form, as soon as possible, to your insurance advisor or broker.

What to do in the event of a claim

1. Attach all quotations obtained for replacement of or repair to the damaged or missing property.
2. Attach valuations and receipt for purchases whenever possible.
3. Advise the police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage, travellers baggage.
4. Attach any letter of demand or other correspondence that you may receive from any third party.
5. Do not make any admission of liability for loss or damage caused by you to third parties.

1. Claim No.		2. Client No.	
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3. Policy No.		4. Account No.	
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5. The Insured

Name	Contact No.	
Address	Policy No.	Expiry Date
	Has the premium been paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email		
Name of other Interested Parties (Hire Purchase, Lease, etc.), if any		
Are there any other Insurances in force which would cover this in whole or in part? If answer is "Yes", please advise		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Insurer		
Policy Details		

6. Details Of Loss Damage Or Occurrence

Date of Loss/Damage/or Occurrence	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
When was Loss/Damage/or Occurrence reported to you (if applicable)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM

Place and/or Premises where it occurred

Please state full particulars how Loss, Damage or Accident occurred

Please describe Nature of Damage or Injury

7. Responsibility/Witnesses

Was another person, in your opinion, responsible or loss or damage or cause of the occurrence? Yes No
If reply is "Yes", please give full details:

Name Contact No.

Address

Reasons

Was there a witness/or witnesses to this event? Yes No
If reply is "Yes", please give full details:

Name Contact No.

Address

8. Burglary Loss

If claiming under Multi Risk, Housebreaking, Theft, Malicious Damage, Baggage, advise the following:

a) Full details of method used by offender

b) When were the police notified? Time AM PM

Police Station Officer Name

State reason if not reported to the Police

a) Has the loss been advertised? Yes No
If answered "Yes", give particulars and send copy of advertisement with this form

b) When was the property last seen by you?

c) At the time of loss how long had premises been unoccupied?

9. Fire Loss

a) Are you the sole owner of the damaged property? Yes No
If "No" give details of interested parties:

b) What was the total value of the property insured by the policy at the time of the loss?
Building \$ Contents \$

10. Windstorm And Flood

a) If claiming for windstorm/Hurricane/Cyclone/Typhoon/Water Damage/Food, advise the following:

1) Through what type of opening did Wind, Rain or Water enter premises?

2) Did Windstorm/Hurricane/Cyclone/Typhoon cause opening to premises? Yes No
If answered "Yes" describe cause:

11. Personal Accident

a) What is the name and address of the doctor attending to you?

b) In respect of Temporary Disablement from engaging in or giving attention to profession of occupation; how long have you been:

1) Totally disabled?
From To

2) Partially disabled?
From To
(Please attached medical certificate and/or report)

12. Legal Liability

a) Name and Address of injured person or owner of damaged property

Name	Contact No.
Address	

b) Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub-contractor to you, or a relative to you? If answered "Yes", give details: Yes No

c) Has any claim been made upon you? Yes No
If answered "Yes", state details and attach with form All Communication received

13. Insurance History

a) Have you ever previously sustained Loss/Damage/or caused Damage or Injury to Third Parties? Yes No
If answered "Yes", give details of such losses and amounts involved:

b) Was an Insurance Company involved? Yes No
If answered "Yes", please state below name of company and year of claim:

14. Description Of Property Lost Or Damaged

If insufficient space, please attach separate list

Description of Property Lost or Damaged	From Whom It Was Purchased	Date of Purchase	Original Purchase Price	Deduction for Depreciation and Wear and Tear	Amount Claimed
		Total			

I/We the Insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby any fraud or wilful misrepresentation and that the information shown on this form is true and that I/We have not concealed any information relating to this claim.

Name & Signature Date

Personal Information Collection Statement ("PICS")

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/we agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at www.qbe.com/sg. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:
QBE Insurance (Singapore) Pte. Ltd.
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881
Email: info.sing@qbe.com
- e) that where I/we are providing personal data on behalf of another person to QBE SG, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs(a, (b) and (c) above.

Please tick here if you do not want us to use your personal data to contact you by email with information about goods and services of QBE SG or their affiliates.

I/We have read and understood the Personal Information Collection Statement attached to this Claim Form.

I would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone. Yes No

Acknowledgement

Without Prejudice

To be completed by insured person Name	We acknowledge receipt of your documents and assure you that the matter is receiving our attention. Meanwhile, for any enquiries, please contact
Address	at Contact No.
	Our file reference
	Yours truly QBE Insurance (Singapore) Pte Ltd
	Claims Dept cc. Intermediary (if applicable)
	Date

Please send the completed claim forms and the relevant supporting documents to:

QBE Insurance (Singapore) Pte Ltd
1 Wallich Street, #35-01,
Guoco Tower, Singapore 078881