

Work Injury Compensation Claim Form

QBE Insurance (Singapore) Pte Ltd



IMPORTANT

1. Full particulars of the accident are to be furnished by the Employer.
2. The giving of the undermentioned information does not imply that the injured person is making, or will make a claim.
3. This form is sent without prejudice to the terms of the policy.
4. If any details or information are not readily available, please forward this form without delay, and supply the missing details as soon as possible.
5. All written communications received by the Employer concerning the accident to the employee should be forwarded at once to the Company.

1. Insured	
Name of Insured	Business
Address	Policy No. and Expiry Date
	Telephone
Email	

2. Injured Person		
Name	Nationality	Age
Local Address	Telephone	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
State occupation in which the injured person is employed.		
Was the injured person engaged in this occupation when the accident occurred?		
Is the injured person in your direct employ? If not, give name and address of the contractor who is the employer of the injured person and their insurers. Please also let us have a copy of the contract.		
When did the injured person enter your service?		
How many workers are employed by you at that time of this accident?		
State the name of the hospital the injured person is taken to.		
State if in- or out-patient service was provided.		
State whether the injured person is still in hospital or has been discharged.		
State whether the injured person has returned to work. If so, when?		
Are you satisfied the injured person has met with a bona fide accident arising out of his employment?		
Is the injured person able to do partial work?		
What is the probable period of disablement (approximate)?		
Number of working days per week.		

3. Accident Particulars		
Date	Time	Place
On what date 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?		
What was the general nature of the contact or work going on?		
State nature of injury, regions injured, right or left side?		
Was the injured person under the influence of drink or drugs at the time of the accident?		

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

State through whose neglect the accident occurred, if any.

If the injury was caused by any person or persons not in your employ please advise full names and addresses of those concerned.

State the names of any persons who witness the accident.

Has the accident been reported to the Police? If so, state when and where.

Has the accident been reported to the Commissioner for Labour? If so, state when.

Nature of Injury (Please tick where applicable)

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Abrasions, Scratches | <input type="checkbox"/> Bruises | <input type="checkbox"/> Fractures | <input type="checkbox"/> Multiple Injuries |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Lacerations, Cuts | <input type="checkbox"/> Sprains | <input type="checkbox"/> Others |
| <input type="checkbox"/> Bums | <input type="checkbox"/> Dislocations | <input type="checkbox"/> Crushing | |

Please explain in detail, how the accident occurred.

4. Wages

Statement of wages of the Injured person earned IN THE PRESENT EMPLOYMENT for the twelve months immediately prior to the date of this Accident, or wages earned during such shorter period as he may have been in the Employer's service, stating the date on which he was engaged.

Month	Gross Monthly Earnings (Excluding Bonus)	Annual Wage Supplement/Bonus Paid During Past 12 Months
Total		
Average	A1	A2
Total Average (A1 + A2) =		

I/We certify that the foregoing is true and correct to the best of my/our belief.

Signature of Employer/Company Stamp Date

Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
NRIC No.	
Date	

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

QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583