

# CLAIM FORM

Policy Number

## SECTION A: INSURED DETAILS

Name of Policyholder

Contact Number

Email Address

Company/Business GST  
Registration Number

## SECTION B: CLAIMANT DETAILS

Name (as per NRIC/FIN)

Address

Contact Number

Email Address

Age

Gender

Is he/she your employee?

Yes

No

Do you have any business connection to the injured person?

Yes

No

If Yes, please specify.

## SECTION C: CLAIM LOSS DETAILS

Date and Time

Exact place where the accident occurred

When were you first notified of this claim?

Provide full details of the circumstances leading to the accident

In your opinion, who was responsible for the accident and why?

Was the accident caused by any defect in your premises, plant or machinery?

Yes

No

If Yes, please provide your replies to the following questions:

Name of person who operated the machine at the material time of the accident

Who owns the plant and/or machinery?

Name of insurance company of this plant and/or machinery

State the exact nature of the defect

**SECTION C: CLAIM LOSS DETAILS** *(continue)*

Did you admit the defect alleged?  Yes  No

If Yes, were you aware of the defect before the accident? What are the steps that you have taken to remedy the defect?

Have you made any alteration or repair after the accident?  Yes  No  
If so, please provide details of such alteration or repair.

Was the accident caused by any of your employees?  Yes  No  
If Yes, please specify.

**SECTION D: WITNESS(ES) DETAILS**

Please provide Names, Mobile numbers and Email addresses of each and every witness who was present at the time of the accident.

**SECTION E: THIRD PARTY'S EXTENT OF INJURY**

Which parts of the body was injured and how severe was the injury?

Did the injured person seek medical treatment from the hospital or clinic immediately after the incident?  Yes  No  
If No, please provide the first consultation date and the name of the hospital or clinic consulted.

**SECTION F: THIRD PARTY'S PROPERTY DAMAGE**

Describe in full details the property which was damaged (e.g. the make and model/type of item/date of purchase)

Name of Property Owner

Has a claim been made against you for this accident?  Yes  No  
If Yes, what was the amount claimed?

## SECTION G: DOCUMENTS REQUIRED TO SUPPORT YOUR CLAIM

1. A copy of the Police Report and incident report.
2. Photographs of the damage and/or CCTV footage.
3. Any relevant document to support your position on this incident.

### Important Note

- Any written communication or Writ of Summons from a third party should be unanswered and forwarded to us immediately.
- Please do not admit liability without the prior written consent of Singapore Life Ltd.

## SECTION H: DECLARATION AND AUTHORISATION

I/We declare that the information provided is, to the best of my knowledge, correct in every detail. I agree that if I/We have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at <https://singlife.com/en/pdpa>. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

I hereby authorise any hospital physician, other person, who has attended or examined me, to furnish Singapore Life Ltd., or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

**Date**

**Signature of the Authorised Person of Insured & Company Stamp**

**Name of the Authorised Person of Insured**

Please send completed and signed physical form with any receipts and supporting claim documents to:

General Insurance Claims  
Singapore Life Ltd.  
4 Shenton Way, #01-01  
SGX Centre 2 Singapore 068807

Note: The acceptance of this form is NOT an admission of liability on the part of Singapore Life Ltd.  
If there are no original receipts requirement, you can send via email to [gi\\_claims@singlife.com](mailto:gi_claims@singlife.com).