

## CONTRACTORS' ALL RISKS (CAR)/ ERECTION ALL RISKS (EAR) CLAIM FORM

**Agency/Broker:**

**CAR/EAR Policy No.:**

**IMPORTANT**

1. This form is issued and/or accepted without admission of liability.
2. The insured must complete this form fully and accurately.
3. The list of documents required is not exhaustive and we reserve the right to request from you any additional information/documentation, as necessary.

**1. Particulars of Insured**

Name of Insured (Company)				GST Registered		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				GST No. (if Yes)			
Company Address				Date of Enrolment/Cover (dd/mm/yyyy)			
Location & Address of Contract Site							
Title of Contract Insured							
Contact Person				Nature of Business			
Contact No.				Email			
HP		O					
Name of Main Contractor (if applicable)				Name of Sub-Contractor (i.e. direct employer) (if applicable)			
Name of Person who lodged report (as in NRIC/Passport)				NRIC/Passport/WP/FIN No.			
Contact No.			Total No. of Employees		Occupation		
HP		O					
Name of Supervising Engineer				Contact No.			
				HP		O	

## 2. Particulars of Accident

Date of loss/damage occurred (dd/mm/yyyy)		Time of loss/damage occurred		Reported By	
Date of loss/damage discovered (dd/mm/yyyy)		Time of loss/damage discovered		Designation	
How did the damage occur and what was the probable cause? (please attach sketches, photo, police report, technical report, etc.)					
Name of Witness (1)		Name of Witness (2)		Name of Witness (3)	
Contact No.		Contact No.		Contact No.	
HP		O		HP	
Did the accident arise from the negligence of your direct employee(s)?			<input type="checkbox"/> Yes <input type="checkbox"/> No    (If Yes, please provide details below)		
Is there any possibility of recovery?			<input type="checkbox"/> Yes <input type="checkbox"/> No    (If Yes, please provide details below)		
Is anyone responsible for the damage?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

### SECTION 1 – MATERIAL DAMAGE

Which items were damaged? (please describe in details)

Contract Works

Construction Plant & Equipment

Construction Machinery

Existing or Surround Properties

How far had the construction of the damaged item(s) progressed at the time of occurrence?

--

Will any alterations or improvements be made to design, construction or material when repairs are carried out?

Yes     No    (If Yes, please provide details below)

--

**SECTION 2 – THIRD PARTY**

Property Damage

a) Nature & Extent of Damage

b) Approximate Value

c) Had any notice of defect or complaint been given to you or your agent prior to the accident?  Yes  No  
*If Yes, please give details.*

Date

Nature

d) What steps were taken to remedy such defects?

Bodily Injury

▪ Name

▪ Contact

▪ Designation / Relationship to Insured

▪ Nature and Extent of Injury

e) Name of hospital or clinic to which injured person(s) was conveyed.	
f) Was the accident contributed to or caused by negligence on the part of the injured person? <i>If Yes, in what way was he/she negligent?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Is the injured person(s) in your direct employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Is the injured person's employer your sub-contractor? <i>If Yes, please provide a copy of contract agreement.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Is the injured person(s) in the employ of a person to whom you are a sub-contractor? <i>If Yes, please provide a copy of contract agreement.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received notice of claim from any Third Party? <i>If Yes, please give particulars and enclose all correspondence/documents that you have received:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you in any way admitted liability? <i>If Yes, Please state reason</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what aspect was the accident contributed to or caused by negligence on the part of the third party? <i>Please elaborate.</i>	
Why was the third party at the place of accident?	

**OTHER INSURANCE OR COMPENSATION**

Is there other insurance covering this incident?

Yes  No

*If Yes, please state Name of Insurance Company and Policy Number*

**SUPPORTING DOCUMENTS**

1. Quotations of repair or replacement
2. Police Report / Incident Report
3. Photographs of damaged item(s)
4. Invoices of lost or damaged item(s)

**REMARKS:**

**DECLARATION**

- i. I declare that the above statements and answers are true and complete to the best of my knowledge and belief.
- ii. I hereby authorize any hospital, physician, person or organization to disclose when requested to do so by ECICS Limited, all information with respect to any illness, injury, medical history, consultations, prescription or treatments and copies of all hospital or medical records.
- iii. A photocopy of this authorization shall be considered as effective and valid as the original.

**NOTICE: Personal Data Protection Policy**

We/I understand, acknowledge, agree and consent that:

- a) ECICS Limited (the "Insurer") is permitted to collect, use, disclose and/or process my personal data/personal information set out in this Claim Form and any other personal information provided by me or possessed by ECICS Limited (collectively the "Personal Information") and disclose and transfer such Personal Information to the Insurers' lawyers/law firms, Insurers' doctors, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (ii) investigations relating to the claims;
  - (iii) investigating my claims
  - (iv) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (v) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (vi) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- b) the Insurers' lawyers/law firms, insurer's doctors, adjuster may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside Singapore, for one or more of the above Purposes.

Note: ECICS Limited Privacy Policy can be found at <http://www.ecics.com.sg/pers.htm>

Signature & Company Stamp of Insured

Date (dd/mm/yyyy)

Name:

Designation:

NRIC No.: