

# PROPERTY/LIABILITY (PL) CLAIM FORM

Agency/Broker: \_\_\_\_\_

PL 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.

Please tick accordingly:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fire               | <input type="checkbox"/> Money            | <input type="checkbox"/> Water Damage  |
| <input type="checkbox"/> Fidelity Guarantee | <input type="checkbox"/> Public Liability | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Plate Glass        | <input type="checkbox"/> Burglary         |  |

**1. Particulars of Insured**

Name of Insured (Company)		GST Registered : <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide GST No.:
Company Address		Date of Enrolment/Cover:
Contact Person		Nature of Business
Contact No. (HP)	(O)	Email
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. (HP)	(O)	Total No. of Employees
		Occupation
Note: For death claim, to fill in the details of the person filing the claim under the insured.		

**B) DETAILS OF OCCURRENCE**

Date/Time of Occurrence	Place of Occurrence
Describe what happened	
Please give particulars of person(s) responsible for loss/damage/injury	
Please give particulars of eyewitness(es), if any	
Have you made a claim upon the person responsible for the loss/damage/injury <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Details of occurrence	
Has the occurrence been reported to Police? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If yes, please state name of Police Station and Report Number</i>	
How was entry into premises gained? (if applicable)	

Were there any signs or evidence of forcible and violent entry? (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the premises occupied at the time of the occurrence? (if applicable) <i>If no, when was it last occupied?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are the preventive measures taken after the loss?		
Please provide particulars of other person(s) other than yourself who have any interest in the property concerned and state the nature of their interest		
Please state the current total value of all the property insured under the policy		
Have you previously sustained a loss under similar circumstances? <i>If yes, please give details:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>C) LOSS OF MONEY</b>		
Where were the cash kept?	Were the cash locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the total value of cash lost?
If the cash were lost in transit, please state whether the cash were being <input type="checkbox"/> conveyed to the Bank <input type="checkbox"/> conveyed from the Bank <i>Please state name of employee(s) who was conveying the cash:</i>		

<b>D) LIABILITY CLAIM (Property Damage / Injury to Third Party)</b>		
When were you first notified of the incident?		
Details of damage to Third Party Property		
a) Full particulars of injured person		
b) Details of Third Party Injuries		
Is the injured person your sub-contractor's employee? <i>If yes, please provide a copy of the Contract Agreement</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Third Party your tenant? <i>If yes, please state nature of tenancy and date of commencement (please provide a copy of the Tenancy 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

<b>E) CLAIM DETAILS</b>				
Description of item	Details of damage/loss	Date (DD/MM/YY) purchased/incurred	Estimated Cost of repair/replacement (S\$)	Amount Claimed (\$)

<b>F) OTHER INSURANCE OR COMPENSATION</b>	
<p>Is there other insurances covering the property concerned? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p><i>If yes, please state the names of the insurers and policy numbers.</i></p>	
<b>REMARKS:</b>	

- | <b>SUPPORTING DOCUMENTS</b>  |
|--|
| <ol style="list-style-type: none"> <li>1. Photographs of damage</li> <li>2. Invoices/purchase receipts of damaged / lost property</li> <li>3. Police report/investigation results &amp; incident report</li> <li>4. Assessment report from repairer on the cause and extent of the damaged property</li> <li>5. At least 2 quotation(s) for repair/replacement of the lost or damaged property</li> <li>6. Accounting records of money lost (if applicable)</li> <li>7. Letters, writ of summons from Third Party</li> </ol> |

**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 of Insured Person/Employee

\_\_\_\_\_  
Signature of Employer/Company's Stamp

Date:

Date: