

# Claims Form

## Work Injury Compensation

Document(s) for submission of claims to Liberty Insurance Pte Ltd

No.	Document Required	Attached
1	Claim Form – (Did <u>accident</u> arise out of and in the course of employment?)	<input type="checkbox"/>
2	i-Report (if accident results in more than 3 days MC/hospitalization for more than 24 hours/death)	<input type="checkbox"/>
3	Work Permit/Employee Pass (for foreign worker)	<input type="checkbox"/>
4	Copy of Medical Report (if available)	<input type="checkbox"/>
5	Inpatient Discharge Summary	<input type="checkbox"/>
6	Original Medical Bills and Medical Leave Certificates	<input type="checkbox"/>
7	Copies of wage payment vouchers for 12 Months prior to date of accident (e.g. Accident in January 2012, require wage payment voucher for January – December 2011)	<input type="checkbox"/>
8	Please indicate the number of work days per week under “Earnings of Insured Worker” of the enclosed Claim Form	<input type="checkbox"/>
9	Contract (with value) for job at accident site (where accident site is not insured premises)	<input type="checkbox"/>
10	Contractual agreement between main contractor and sub-contractor (for project policy)	<input type="checkbox"/>
11	Annual WICA policy of the other party (main/sub-con) insurer covering accident at worksite (for project policy)	<input type="checkbox"/>
12	Police Report (where serious accident occurs resulting in fire, explosion collapse of building, etc.)	<input type="checkbox"/>
13	Traffic Police Report (where it is a road traffic accident)	<input type="checkbox"/>
14	Death Certificate and relevant reports (where accident results in death)	<input type="checkbox"/>

Note: Additional documents may be requested as and when necessary.

# Claims Form

## Work Injury Compensation

Please complete all sections to facilitate the processing of your application. This form is issued without admission of liability and it must be completed and returned to us immediately, whether or not a claim is made. Any documentary proof or report required by liberty shall be furnished at the expense of Policyholder or Claimant.

### Information of Policyholder

<b>Name of Policyholder:</b>		<b>Policy No.:</b>
<b>Mailing Address:</b>		Postal Code ( )
<b>Email:</b>	<b>Contact No.:</b>	
<b>Name of the Main Contractor (if Policyholder is not the main contractor) for this project:</b>		<b>Nature of Business:</b>
<b>Total No. of Employees:</b>	<b>Name of Insurer(s):</b>	<b>Policy No.:</b>

### Details of Injured Employee

<b>Name of the Injured Employee:</b>		<b>NRIC/FIN No.:</b>
<b>Mailing Address:</b>		Postal Code ( )
<b>Contact No.:</b>	<b>Age:</b>	<b>Citizenship:</b>
<b>Marital Status:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date Entered your Service:</b>
<b>Occupation:</b>		
<b>Was the worker engaged in the occupation when the accident occurred?</b> If No, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there any other policy(ies) covering the worker in respect of this accident?</b> If Yes, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the worker your direct employee?</b> If No, provide details of direct employer:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Direct Employer:</b>		<b>Contact No.:</b>

# Work Injury Compensation

**Mailing Address:**

Postal Code ( )

## Details of Accident

**Date of Accident:**

**Time of Accident:**

**Place of Accident:**

**Address of Accident:**

Postal Code ( )

**Date that the accident was reported to you** (if in writing, attach correspondence):

**Was the worker injured due to his/her misconduct or failure to follow instructions?**

☐ Yes

☐ No

If Yes, give details:

**Was anyone supervising the employee at the time of the accident?**

☐ Yes

☐ No

If Yes, please provide details:

**Describe how the accident occurred:** \_\_\_\_\_

**Name of Supervisor:**

**Designation:**

**Address:**

Postal Code ( )

**Contact No.:**

**Was the accident reported to the Ministry of Manpower (MOM)?**

☐ Yes

☐ No

(Attach a copy of the MOM i-Report)

If Yes, date reported:

**If the claim is reported too late, please provide the reason:** \_\_\_\_\_

## Responsibility/Witness(es)

**Was another person, in your opinion, responsible for the Accident?**

☐ Yes

☐ No

If Yes, please provide details:

**Name:**

**NRIC/FIN No.:**

**Home Address:**

Postal Code ( )

**Office Address:**

Postal Code ( )

**Reason(s) why he/she was responsible?** \_\_\_\_\_

Responsibility/Witness(es)

<b>Was there a witness(es) to this event?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:			
<b>Name of Witness:</b>		<b>NRIC/FIN No.:</b>	
<hr/>		<hr/>	
<b>Home Address:</b>		Postal Code	(            )
<hr/>			
<b>Office Address:</b>		Postal Code	(            )
<hr/>			
<b>Occupation:</b>	<b>Contact No.:</b>		
<hr/>	<hr/>		

Injuries Sustained from the Accident

<b>Details of the injuries, including the nature and region:</b>	<b>Date of when the worker ceased work:</b>
<hr/>	<hr/>
<b>Name of Hospital/Clinic that the worker was treated:</b>	<b>Date of discharged from hospital:</b>
<hr/>	<hr/>
<b>Is the worker still undergoing medical treatment?</b>	
If No, when is the worker likely to be able to return to work?	
<hr/>	
<b>Are there any more medical bills or medical leave certificate forthcoming?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

In **DEATH cases**, please furnish:

- a. A copy of the Death Certificate, Post Mortem report and police report (if any)
- b. List of Deceased’s dependants, stating names, addresses, ages, relationships and occupations
- c. Date of the coroner’s inquire, if any

Earnings of Injured Worker

The “Earnings” of an injured workman include his wages, food allowance, housing allowance, overtime, bonus or annual wage supplement but do not include traveling allowance, employer’s share of the CPF contributions or pension or money paid to cover any special expenses incurred by him by nature of his employment.

<b>No. of Working Days per Week:</b>		
<b>Month</b>	<b>Gross Monthly Earning (Excluding Bonuses)</b>	<b>Annual Wage Supplement/Bonus</b>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<b>Total Average</b>	<b>A1</b>	<b>A2</b>
<b>Total Average Earnings (A1 + A2)</b>		

## Bank Account Information for Electronic Transfer

<b>Name of Bank:</b>	<b>Bank Code:</b>	<b>Branch Code:</b>
<b>Bank Account No.:</b>	<b>Name of Bank Account Holder:</b>	

I agree to hold Liberty Insurance Pte Ltd harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given above.

### PERSONAL DATA PROTECTION

Liberty Insurance Pte Ltd ("**Liberty**") takes the responsibilities under Singapore's Personal Data Protection Act 2012 (the "**PDPA**") seriously. We also recognize the importance of the personal data you have entrusted to us and believe it is our responsibility to properly manage, protect and process your personal data.

The personal data which Liberty collect from you in this claims form, that previously collected and/or collect in the future, may be collected, used, disclosed and/or processed for one or more of the following purposes:

- a) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims
- b) investigating the accident and/or your claims
- c) carrying out and/or dealing with your instructions or responding to any enquiries by you
- d) conducting research, in-house training, analysis and development activities (including but not limited to data analytics, surveys (such as insurance survey, customer service survey, branding survey), branding campaign, quality assurance, product and service development and/or profiling) to improve Liberty's services or products and/or to enhance the product or service for your benefit
- e) administering your 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)
- f) investigating fraud, misconduct, any unlawful action or omission, whether relating to your claims or any other matter relating to your claim(s), storing, hosting, backing up (whether for disaster recovery or otherwise) of your personal data, whether within or outside Singapore
- g) recover debt owed to us
- h) complying with applicable laws in administering, processing, handling and/or dealing with your claims
- i) reinsurance administration/transactions
- j) Any other purposes which we notify you of at the time of obtaining your consent

(collectively the "**Purposes**")

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

You also consent that any other Insurer may/can collect from Liberty (and that Liberty may disclose to them), use, disclose (including disclose to Liberty) and/or process your personal data for one or more of the above Purposes.

Your personal data may/will be disclosed by Liberty and/or any of the other Insurers to third parties, whether located within or outside Singapore, for one or more of the above Purposes, as such third parties, would be processing your personal data for one or more of the above Purposes. In this regard, you hereby acknowledge, agree and consent that Liberty may/are permitted to disclose your personal data to such third parties (whether located within or outside Singapore) for one or more of the above Purposes and for the said third parties to subsequently collect, use, disclose and/or process your personal data for or more of the above Purposes including engaging and disclosing to their third party service providers or agents (whether sited in or outside of Singapore) to do so, and the aforementioned collection, use, disclosure and processing activities and permissions in this sub-clause apply to these third party service providers or agents and any third party service providers or agents they in turn engage and so on. Without limiting the generality of the foregoing, such third parties include:

## PERSONAL DATA PROTECTION

- a) Liberty's associated or affiliated organizations or related corporations
- b) any of Liberty's agents, contractors or third party service providers who process your personal data on Liberty's behalf including but not limited to those which provide administrative or other services to Liberty such as mailing houses, telecommunication companies, information technology companies, data storage or hosting companies, data centres, disaster recovery service providers, banks, medical professional, reinsurers, workshops
- c) lawyers/law firms, legal process participants and their advisors
- d) General Insurance Association Singapore ("GIA")
- e) Monetary Authority of Singapore ("MAS")
- f) any third party in connection with any proposed or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition or all or any portion of Liberty's business, assets or stock (including in connection with any bankruptcy or similar proceedings); and/or
- g) third parties to whom disclosure by Liberty is for one or more of the Purposes and such third parties would in turn be collecting and processing your personal data for one or more of the Purposes

I/We have read and I/we accept the terms of Liberty's Data Protection Policy at [www.libertyinsurance.com.sg/data-protection-policy/](http://www.libertyinsurance.com.sg/data-protection-policy/).

## DECLARATION

- 1) I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or exaggerated the claim or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim. I understand Liberty Insurance reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.  
I authorize the release of any medical information necessary to process this claim.
- 2) The personal data of the individuals (the "**3<sup>rd</sup> Party Individuals**") which I/we am/are providing to you in this form are accurate and complete. I/we warrant that I/we have obtained consent from the 3<sup>rd</sup> Party Individuals (or if lacking in legal capacity, his/her legal representatives, guardians or parents as the case may be) for Liberty to collect, use and disclose his/her personal data for the above purposes and on the terms in this document, and as if the said data are about me/us. I/We will inform Liberty of any changes to the data as soon as practicable.
- 3) I/We have read and agree to the above, including as to how my personal data may/will be collected, used, disclosed and processed by Liberty and others as stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Policyholder &  
Company Stamp