

EQ Insurance

CLAIM FORM - LIABILITY

Agency: _____ Policy No.: _____

Please note:

The acceptance of this form is NOT an admission of liability on the part of EQ Insurance Company Limited.

Section 1 - Particulars of Insured

Name of Insured:

NRIC No:

Address:

Postal Code ()

Business/Occupation:

Contact No.:

(Home)

(Office)

(Mobile)

Have you other policies covering you in respect of this incident? ☐ Yes ☐ No

If Yes, state the amount claimed:

Section 2 - Particulars of Loss or Damage

Date:

Time:

Location:

When did you receive notice of the accident and state the name and contact number of the person reporting the loss or damage:

Has a claim been made upon you in respect of this accident? If so, what is the amount of the claim? ☐ Yes ☐ No

If Yes, state the amount claimed:

Please give a brief description how the accident occurred :

Did the accident arise from the negligence of your employee(s)? ☐ Yes ☐ No

Section 3 - Particulars of Witness(es)

Witness 1

Name:

Contact No.:

(Home)

(Mobile)

Address:

Witness 2

Name:

Contact No.:

(Home)

(Mobile)

Address:

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Section 4 – Particulars of Third Parties

Third Party 1

Name:	Contact No.: (Home) (Mobile)
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Address:

Third Party 2

Name:	Contact No.: (Home) (Mobile)
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Address:

Section 5 – Details of Property Damage

Nature and extent of damage:

Approximate value:

What steps were taken to remedy such defects?

Section 6 – Particulars of Injured

Insured 1

Name of Insured:	Contact No.: (Home) (Mobile)
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Occupation:	Relationship to Insured:
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Nature and extent of injuries:

Is the injured person in your direct employment?

☐ Yes ☐ No

Is the injured person's employer your sub-contractor?

☐ Yes ☐ No

Insured 2

Name of Insured:	Contact No.: (Home) (Mobile)
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Occupation:	Relationship to Insured:
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Nature and extent of injuries:

Is the injured person in your direct employment?

☐ Yes ☐ No

Is the injured person's employer your sub-contractor?

☐ Yes ☐ No

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Section 7

To evaluate, process and administer this application or transaction, it is necessary for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or processed by us, or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

1. carrying out identity checks;
2. deciding whether to insure or continue to insure you and your insured persons;
3. providing advice for product recommendation based on your profile;
4. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
5. communicating on any matters relating to the services and/or products which you are entitled to under this policy;
6. respond to your inquiries or instructions and providing ongoing services, under your policy;
7. make or obtain payments and recovering any debt owed to us;
8. detecting and preventing fraud, unlawful or improper activities;
9. conducting market research and statistical analysis;
10. coaching employees for customer service quality assurance;
11. reinsuring risks and for reinsurance administration; and
12. complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

1. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
2. Medical Professionals and Institutions;
3. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
4. Debt collection agencies;
5. Dispute resolution parties;
6. Parties that assist us to investigate, administer and adjudicate claims;
7. Financial institutions;
8. Credit reference agencies;
9. Industry associations; and
10. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

Section 8 – Declaration By Claimant

I declare that the information given in this form is true and correct to the best of my knowledge and belief.

Signature of Insured
(Please endorse with company stamp, if applicable)

Name of Insured : _____

Date : _____