

LIABILITY CLAIM FORM

1. Details of Insured :

Policy No. : _____
Insured Name : _____
NRIC / UEN No. : _____ GST Registered: Yes / No*
Mailing Address : _____

Contact Person : _____ Contact No. : _____ Email: _____

2. Particulars of Accident :

a) Where did it occurred? _____
b) Date: _____ Time: _____
c) Describe fully how it happened: _____

d) Names and addresses of Witnesses. (It is most important that the name of every witness should be furnished):

1. _____	of _____
2. _____	of _____
3. _____	of _____
4. _____	of _____

e) Which of these witnesses are in your employment?

1. _____ 2. _____

f) If the Accident could have been prevented, state what precaution might have been taken?

3. If accident arose from negligence of one of your employees:

a) State his Name: _____

Address: _____

Occupation: _____ Age: _____

b) What act of negligence is alleged against him? _____

c) Do you consider he was negligent?

d) If so, in what respect? _____

e) Do the witnesses blame your employee? _____

f) Does your employee himself admit he was at fault? _____

g) Was the accident contributed to or caused by negligence on the part of the injured person?

h) If so, in what way was he negligent? _____

i) Had he a right to be where he was? _____

4. If accident attributed to defect in your premises or plant: _____
- a) State nature of defect alleged: _____
- b) Do you admit a defect? _____
- c) Were you aware of the defect **before** the accident? _____
- d) If so, what steps has you taken to remedy it? _____
- e) Have you authorised any alteration or repair **since** the accident? _____
- _____
- f) If so, of what nature? _____
- g) What protection, guard or fencing existed at the place where the accident occurred, with the object of preventing accident? _____
- _____
- h) Do you consider that the place was properly and sufficiently protected? _____
- _____

5. Particulars of Third Party Injury or Damage :

- a) Name: _____ Age: _____ Occupation: _____
- b) Nature of injury: _____
- c) Name: _____ Age: _____ Occupation: _____
- d) Nature of injury: _____
- e) If the injured person's employer is your sub-contractor does the contract include a provision to indemnify you against accident to his employees? _____
- _____
- f) If in the employ of a person to whom you are sub-contractor, does your Contract include an indemnity to the principal contractors? _____
- _____
- g) Owner of Property damaged: _____
- h) Nature and extent of damage: _____
- i) Has a claim been made upon you in respect of this accident? If so, for what amount? _____

6. Mode of Payment

PayNow is the default settlement option up to S\$200,000 for Insured who has registered with PayNow and has linked your Singapore NRIC or UEN to the bank account ("PayNow Account"). You hereby authorize and instruct The Company to deposit the payment that is payable to you into your PayNow Account as well as verify your PayNow Account with the respective Bank ("where necessary").

<input type="checkbox"/> PayNow				
Name of Account Holder:				
PayNow UEN number (for Corporate)			PayNow NRIC Number (for Individual)	
<input type="checkbox"/> Direct credit into your bank account. Please provide supporting documents such as bank statement for verification of payee details.				
Name of Bank	Bank Code	Branch Code	Bank Account Number	Account Holder's Name

7. Declaration and Consent

We hereby declare that the particulars stated above are true and correct in every detail and we agree that if we have made or in any further declaration in respect of the same claim shall make any false or fraudulent statements or suppress conceal or falsely state any material fact whatsoever the relevant insurance policies shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

In addition to the declaration provided above, we hereby represent that the relevant injured persons have agreed and consented to Great Eastern General Insurance Limited, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves their personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate, admit, process and/or administer our claims.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <https://www.greateasternlife.com/sg/en/privacy-and-security-policy.html> and which we confirm the relevant injured persons have read and understood.

Signature of Insured: _____ Company's Stamp: _____ (If Applicable)

Name: _____ Designation: _____

Date: _____

A PLAN OF THE SCENE OF THE ACCIDENT WOULD BE HELPFUL