

Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)

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Company Registration No. 195700067Z

<http://www.tenetinsurance.com>



CONTRACTOR ALL RISK CLAIM FORM

Important Notice:

- 1 This form is issued and/or accepted without admission of liability.
- 2 The insured must state all information requested as fully and accurately as possible.

Agency _____ Policy No: _____

1. INSURED'S PARTICULARS

a. Name of Insured _____

b. Contract Description _____

c. Contact Person / Telephone No.

Name _____ Designation _____ Tel _____

d. If the accident involved was caused by persons not under your direct employ, please provide details.

Name of Company _____

Contact Person / Tel No _____ / _____

Relationship to insured _____

Is there a direct contract with the insured? Yes - please provide copy of contract agreement.

No - please give details _____

e. Does the person who caused the accident have other policies covering you in respect of this incident? Yes No

If yes, please give details.

2. PARTICULARS OF ACCIDENT

a. Date and Time: Date: _____ Time: _____

b. Location _____

c. When did you receive notice of accident? By whom? Please give details of the person reporting.

Date: _____ Person Reporting : _____

Contact No: _____ Designation : _____

d. Has a claim been made upon you in respect of this accident? If so, for what amount?

Yes No Amount claimed: _____

e. What was damaged? Which parts and to what extent?

contract works _____

construction plant and equipment _____

construction machinery _____

others, please specify _____

f. Has damage occurred to third parties? Please give details.

property damage _____

bodily injury _____

g. If the accident could have been prevented, state what precautions might have been taken.

h. State clearly how the accident occurred and what was the probable cause. **Attach Police Report or any other technical report if applicable.**

i. Did the accident arise from the negligence of your direct employee(s)? Yes No

If yes, give details of the employee(s):

Name : _____

Occupation : _____

Contact No : _____

Name : _____

Occupation : _____

Contact No : _____

j. If the answer to Q 2(i) is yes, why do you consider the employee(s) is negligent?

3. PARTICULARS OF WITNESSES

It is very important that the details of all witnesses be furnished immediately.

a. Name : _____ Contact: _____

Address : _____

Relationship of Witness: _____

b. Name : _____ Contact: _____

Address : _____

Relationship of Witness: _____

c. Name : _____ Contact: _____

Address : _____

Relationship of Witness: _____

4. PARTICULARS OF THIRD PARTIES

All documents received from third parties must be forwarded immediately.

a. Name : _____ Contact: _____

Address : _____

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? Yes No

If yes, in what way was he negligent?

g. Is the injured person(s) in your direct employ? Yes No

h. Is the injured person's employer your sub-contractor? Yes No

If yes, please provide copy of contract agreement.

i. Is the injured person(s) in the employ of a person to whom you are a sub-contractor? Yes No

If yes, please provide copy of contract agreement.

A plan of the scene of the accident would be helpful.

We/I hereby declare that the above statements are true and complete and we/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

Signature of Claimant
(Affix Company stamp if applicable)

Date