

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>



LIABILITY 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 _____

1. INSURED'S PARTICULARS

a. Name of Insured

b. Address

c. Residence / Business Telephone Nos.

(Res) _____ (O) _____ (HP) _____

d. Business / Occupation

e. Policy No. and Type of Policy

Policy No: _____ Type of Policy: _____

Policy No: _____ Type of Policy: _____

f. Do you 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: _____

c. Name : _____ Contact: _____
Address : _____
Relationship of Witness: _____

d. 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 : _____

b. Name : _____ Contact: _____
Address : _____

c. Name : _____ Contact: _____
Address : _____

d. Name : _____ Contact: _____
Address : _____

PLEASE COMPLETE ONLY THOSE SECTIONS WHICH ARE APPLICABLE TO YOUR CLAIM.

5. PROPERTY DAMAGE

a. Nature and extent of damage

b. Approximate value: _____

c. Had any notice of defect or complaint been given to you or your agent prior to the accident? Yes No

d. If the answer is yes to the previous question, give details.

Date Nature of Complaint

<u>Date</u>	<u>Nature of Complaint</u>
_____	_____
_____	_____
_____	_____
_____	_____

e. What steps were taken to remedy such defects?

6. INJURY

a. Name : _____ Contact: _____

Occupation / Relationship to Insured: _____

Nature and Extent of Injury: _____

b. Name : _____ Contact: _____

Occupation / Relationship to Insured: _____

Nature and Extent of Injury: _____

c. Name : _____ Contact: _____

Occupation / Relationship to Insured: _____

Nature and Extent of Injury: _____

d. Name : _____ Contact: _____

Occupation / Relationship to Insured: _____

Nature and Extent of Injury: _____

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.

