

THE INJURED PERSON

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| Name of injured: | NRIC/Passport No.: |
| Age: Sex: Marital Status: | Nationality: |
| Address: | Occupation: |
| Email: | Tel No.: H/P No.: |
| Is he/she in your employment? If no, please provide name and address of his/her employer. | |
| What is the nature of his/her work? | |
| What is the relationship between you and the injured? | |
| Was he/she under the influence of alcohol or drugs at the time of the accident? If yes, please provide details. | |
| Was he/she guilty of misconduct or disobedience to instructions or rules? If yes, please provide details. | |
| In your opinion, was he/she responsible for the accident? | |
| Nature and region of injury | |
| Name of hospital or clinic to which he/she was conveyed | |

DAMAGE TO PROPERTY OF OTHERS

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| Name and address of the owner of the property | |
| Nature of loss or damage | |
| Estimated cost of repair / loss | |

FOR PRODUCT LIABILITY CLAIMS

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| Please provide the following:- | |
| Details of the product alleged to have caused the incident | |
| Your opinion on the cause | |
| Details of any defects | |
| Identity of distributor/retailer | |
| How could you have prevented the incident? | |

INSURED'S VIEW ON LIABILITY

State in your opinion whether you are liable for the incident and reasons.

IMPORTANT NOTICE

- Please submit this claim form together with the following:-
 - Police report and/or Incident report
 - Colour photos showing the damaged property / CCTV footage showing circumstances of the incident
 - Assessment report from repairer on the cause and extent of the damaged property
 - Tenancy and/or Contract Agreement
- Please do not admit liability without the written consent of AXA.
- Forward to us all correspondences including writ of summons which you may receive from any third party/parties or their representatives immediately and unanswered.

THE DECLARATION

I/WE declare that the foregoing answers are true to the best of my/our knowledge and belief, and I/WE undertake to render the Insurer every assistance in dealing with the matter.

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| Date | Signature of Insured (With Company Stamp) |
| Designation | Name NRIC No. |