



Liability Claim Form

The acceptance of this Form is NOT an admission of liability on the part of HL Assurance Pte. Ltd.. Any documentary proof or report required by HL Assurance Pte. Ltd. shall be furnished at the expense of the Policyholder or Claimant.

PARTICULARS OF POLICYHOLDER / INSURED			
Name SINGAPORE POLYTECHNIC	Insurance Policy No. PLY/19-PL000590	Period of Insurance	
	Tel No.	H/P No.	
	E-mail	Name of Intermediary (if any)	
Address 500 DOVER ROAD SINGAPORE 139651	NRIC/Passport No.	Business/Occupation	
	Is your company GST registered? N.A.	UEN/GST Registration No. (if any) T08GB0056A	
DETAILS OF LOSS OR OCCURRENCE			
Explain fully how did the loss / incident occur	Country of occurrence: <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others: _____		
	Place of loss or occurrence		
	State name and address of the person responsible for the loss / damage		
	Date of loss	Time of loss	
	On when and by whom was the loss discovered	Relationship to Policyholder	
	Name & Address of any witnesses of the Incident	NRIC/Passport No.	
		Contact No.	

POLICE REPORT

Were particulars of loss or particulars taken by or reported to the Police

Yes No

If yes, (a) Please specify name of Police Station:

(b) Attach a copy Police Report/Statement.

N.B. The Police must be informed immediately if the property has been lost or maliciously damaged.

DETAILS OF PERSONS INJURED

NAME/ADDRESS/CONTACT NO. OF PERSON INJURED	AGE	NATURE OF INJURIES/REMARKS
<i>(Please use supplementary sheet if necessary)</i>		

Is he/she in your employment?

Yes No

Was he/she under the influence of intoxicating liquor or drugs at the time of accident?

Yes No

Was he/she guilty of misconduct or disobedience to instructions or rules?

Yes No

In your opinion, was he/she responsible for the accident?

Yes No

DETAILS OF PROPERTIES DAMAGED

NAME/ADDRESS/CONTACT NO. OF OWNER OF THE PROPERTY DAMAGED	NAME & EXTENT OF PROPERTY DAMAGED
<i>(Please use supplementary sheet if necessary)</i>	

Has any claim been made upon you?

Yes No

If yes, please state details & attach with this form all communications received from third party claimant(s):

Have you admitted responsibility in any way? If yes, please state the reason(s) for doing so:

FOR PRODUCT LIABILITY CLAIMS

Please give details of the following:

(Please use supplementary sheet if necessary)

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?

What duty did you owe injured person or owner of damaged property?

ANY OTHER INSURANCES

Are there any other Policies of insurance in force covering you in respect of this event?

Yes

No

If yes, please specify below:

INSURANCE CO & POLICY NO(S)	POLICY PERIOD	KIND OF COVERAGE	SUM INSURED

CLAIMS HISTORY

Have you or any insured person previously sustained loss/damage or caused damage/injury to third parties?

Yes

No

If yes, please specify below:

NAME OF INSURER	CLAIM NO.	DATE OF LOSS	NATURE OF LOSS	AMOUNT PAID

(Please use supplementary sheet if necessary)

*I/We do solemnly and sincerely declare that the information given is true and correct to the best of my/our knowledge and belief. *I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the Policy void and we shall forfeit our rights to claim under the Policy.

Name of Policyholder/Insured _____

Signature of Policyholder/Insured _____
(Please affix company stamp if applicable)

Date _____