

LIABILITY CLAIM FORM

This form is issued without admission of liability. Any documentary evidence and/or other report required by the Corporation shall be furnished at the expense of the Insured.

Claim No. : _____		Policy No. : _____	Agency : _____
1.	a)	Name of Insured (in full)	
	b)	Business	
	c)	Address	
2.	Particular of Accident:		
	a)	Where it occurred?	
	b)	Date of Loss/Time/Day	
	c)	Describe how it happened	
	d)	Names and addresses of Witness. (It is not 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 employ?	
		1. _____ of _____	
3.	If accident arose from negligence of one of your employees:		
	a)	Name	
	b)	Address	
	c)	Occupation/ Age	
	d)	What act of negligence is alleged against him?	
	e)	Do you consider he was negligent? If so, in what respect?	
	f)	Do the witnesses blame your man?	
	g)	Does the man himself admit he was at fault?	
	h)	Was the accident contributed to or caused by negligence on the part of the injured person?	
	i)	If so, in what way was he negligent?	
	j)	Had he a right to be where he was?	
4.	If accident attributed to defect in your 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 had you taken to remedy it?	
	e)	Have you authorised any alteration or repair since the accident? If so, of what nature?	
	f)	What protection, guard or fencing existed at the place where the accident occurred, with the object of preventing accident?	
	g)	Do you consider that the place was property and sufficiently protected?	

5. Particulars of Third Party Injury or Damage:		
a)	Name	Age _____ of _____
b)	Occupation	c) Nature of injury
d)	Name	Age _____ of _____
e)	Occupation	f) Nature of injury
g)	If the injured person's employer is your sub-contractor does the contract include a provision to indemnify to the principal contractors?	
h)	Owner of Property damaged	
i)	Nature and extent of damage	
j)	Has a claim been made upon you in respect of this accident? If so, for what amount? <i>(To be sent herewith if in writing)</i>	

The undersigned Insured hereby declared to have answered the above questions conscientiously and truthfully.

Date : _____

Signature of Insured
Company's chop (if applicable)
Name :
Designation :
NRIC :