

Zurich Insurance Company Ltd (Singapore Branch)

Co Regn No: T08FC7171K

50 Raffles Place #29-01, Singapore Land Tower, Singapore 048623

Tel: 65-6236 2210 Fax: 65-63279820

WORK INJURY COMPENSATION CLAIM FORM

The acceptance of this Form is NOT an admission of liability on the part of the Company.

IMPORTANT NOTICE

- 1. Insured is requested to state as fully and accurately as possible the information asked for as below.
- 2. If any detail or information is not readily available, please do not delay the submission of this claim form, but submit further details at a later stage.
- 3. When the injured person returns to work, please send to Zurich Insurance Company Ltd (Singapore Branch) (the "Company") the following documents:

 (a) original medical bills and certificates
 - (b) copies of all your correspondences to and from the Ministry of Manpower including IReport
- 4. In the case of a fatal accident, please let us have the date and place of Coroner Inquiry when it is made known to you and provide us with copies of death certificate and post mortem report.
- 6. If the accident is a subject of claim under Common Law, please forward to the Company all correspondences that you have received or may receive from the lawyer(s) of injured and you must not, in any circumstance, admit liability in any manner, be it verbal or in writing.

		Section A - Pa	rticulars of Insured	t				
Name of Insured : Industry of Business: Total number of employees:			Policy No: Period of Insurance: Name of Intermediary:					
Address:								
Tel.: Fax:		Fax:			E-mail:			
Section B - Particulars of Injured Person								
Name of Injured: Sex: Male / Female Date of Birth: Nationality: NRIC or Work Permit No:	No. Date Dire Yes Type	Occupation: No. of days worked per week: Date of Employment: Direct Employment: Yes / No / Others (please specify) Type of Employment:			Was the Injured free from any physical defect or Infirmity at the time of accident? Please state with full particulars if the answer is 'NO'. Would such physical defect or infirmity have contributed towards this accident? Please state with full particulars if the answer is 'YES'.			
	nanent / Contract / Others (please lify)							
		Section C - Par	rticulars of Accider	nt				
Date and Time of accident :			Location of accident: (please specify the country if it is outside Singapore)					
Please describe briefly how the accident occurred (if mac	hinery is involved, state the	he type of machinery):					

When did you receive noti	ice of accident and from whom:		Was this accident witnessed by another party(s)? If yes, please state the name & if yes, please specify & address of the witness(s):			
What was the general nati	ure of the work or contract going on at the material		Are you satisfied that the injured has met with a bona fide work related accident:			
Did this accident occur as	a result of another person's negligence?		Has this accident been reported to the Ministry of Manpower? If yes, please forward us with a copy of the Notice of Accident Form A.			
Was the injured guilty of a	any misconduct or disobedience to orders or rules?		Please state with full particulars if the injured had met with any previous injury under your employment:			
Was the injured under the If yes, please specify:	influence of drink or drugs at the material time:		Please state the date the injured returned to work:			
	Section	D _ Par	ticulars of Injury			
Name of Hospital:	Section	D-1 a	Name of Clinic:			
Date of 1 st treatment sou	ght:		Address / Telephone / Fax:			
Period of hospitalization:			Date of 1 st treatment sought:			
Period of medical leave:			Period of medical leave:			
	s the injuries sustained indicating the part(s) of bodi	ily injured				
What is the probable peri	od of temporary disablement:		Is the Injured able to do partial work:			
	Section E (GROSS MONTHLY EARNINGS FOR		culars of Earnings NTHS PRECEDING THE DATE OF	ACCIDENT)		
MONTH	NO. OF WORKING DAYS	GR	ROSS MONTHLY EARNINGS (EXCLUDING BONUS)	ANNUAL WAGE SUPPLEMENT / BONUS PAID DURING LAST 12 MONTHS		
			,			
	TOTAL ANNUAL EARNINGS					
	TOTAL MONTHLY AVERAGE EARNINGS					
	TOTAL DAILY AVERAGE EARNINGS					

Declaration

- I / We hereby declare that all the information and particulars given above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.
- I/We hereby acknowledge, consent and agree that -
 - (i) the Company may collect, use and disclose all personal data provided or as may be provided by me/us and through other sources as the Company deem relevant from time to time for the purposes as contemplated in this form including but not limited to policy servicing, processing, handling, administering, claims investigations, claims analysis, fraud evaluation, prevention and control, and/or any work put towards settling my/our claim with the Company or other insurers;
 - (ii) the Company may disclose the personal data to third parties (whether in or outside Singapore) including but not limited to consultants, fraud detection agencies, the General Insurance Association and its members, regulators, law enforcement bodies and government agencies and/or authorities for the purposes as set out in this form;
 - (iii) the personal data protection clauses herein ("DPC") are not exhaustive. By signing this form, I/we declare that I/we have read, understood and agreed to be bound by the prevailing Personal Data Protection Policy available at http://www.zurich.com.sg/pdpa ("Data Protection Policy") which is to be read together with the DPC. If there is any discrepancy between the DPC and the Data Protection Policy, the DPC shall prevail only to the extent of the discrepancy;
 - (iv) if I / we provide third parties' personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to the Company, I / we represent and warrant to the Company that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Policy; and
 - (v) I / We shall indemnify the Company for all losses and damages which may be suffered by the Company arising out of the breach of the declarations, representations and/or warranties herein.

Insured's signature with Company's stamp:	Name & Designation of Signor	Date :