


## LIABILITY CLAIM FORM

(Definite and complete answers must be given to each question. The issue or acceptance of this form to you or from you is neither to be regarded as an admission of liability nor as a waiver by the Company of any breach of the policy conditions.)

<b>THE INSURED</b>	Name:	Tel No:
	Address:	
	Business:	
	Policy No:	Expiry Date:
	Do you have other policies covering you in respect of this incident?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please give details	
<b>THE OCCURRENCE</b>	Date & Time:	Location:
	Describe exactly how the accident occurred:	
	When did you receive notice of the accident?	
	From whom?	
	<i>If in writing, attach a copy to this form.</i>	
	Is the accident subject of investigation by the Police?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of Police Station :		
<b>WITNESSES</b>	Give name and address of every witness and every other person who was present:	
	(1)	
	(2)	
	(3)	

next page ... 

<b>THE INJURED PERSON</b>	Name:	NRIC/Passport No:	Age:	Nationality:
	Occupation:	Marital Status:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
	Address:			
	Is he/she in your employment? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	If he/she is not, give name and address of his/her employer:			
	What was the nature of his/her work?			
	Was he/she under the influence of intoxicating liquor or drugs at the time of the accident?			
	If yes, give details :			
	Was he/she guilty of misconduct, or of disobedience to instructions or rules? If yes, give full particulars:			
	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			
<b>DAMAGE TO PROPERTY OF OTHERS</b>	Give name and address of the owner of the property together with the nature of damage:			
				Approximate value :
<b>IN PRODUCTS CASES ONLY</b>	Please give details of the product alleged to have caused injury/damage; your opinion on cause; details of any defects; identify of distributor/retailer and any other comments. If insufficient space, please attach another page.			
	What duty did you owe injured person or owner of damaged property?			
	How could you have prevented the incident?			
	I/We declare the foregoing answers are true and complete and that I/We hold no other policy indemnifying me/us in respect of this incident.			
	Date:		Signature of insured:	