

Contractor All Risk Claim Form

Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 The insured must state all information requested as fully and accurately as possible.
- 3 Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Agency: _____ Policy No: _____

1. INSURED'S PARTICULARS

a. Name of Insured _____

b. Contract Description _____

c. Contact Person / Telephone No.

Name _____ Designation _____ Tel _____

d. If the accident involved was caused by persons not under your direct employ, please provide details.

Name of Company _____

Contact Person / Tel No _____ / _____

Relationship to insured _____

Is there a direct contract with the insured? Yes – please provide copy of contract agreement.

No - please give details _____

e. Does the person who caused the accident have other policies covering you in respect of this incident?

 Yes No If yes, please give details.

2. PARTICULARS OF ACCIDENT

a. Date and Time: Date _____ Time _____

b. Location _____

c. When did you receive notice of accident? By whom? Please give details of the person reporting.

Date _____ Person Reporting : _____

Contact No _____ Designation : _____

d. Has a claim been made upon you in respect of this accident? If so, for what amount?

Yes No Amount claimed: _____

e. What was damaged? Which parts and to what extent?

 contract works _____ construction plant and equipment _____ construction machinery _____ others, please specify _____

f. Has damage occurred to third parties? Please give details.

property damage _____

bodily injury _____

g. If the accident could have been prevented, state what precautions might have been taken.

h. State clearly how the accident occurred and what was the probable cause.
Attach Police Report or any other technical report if applicable.

i. Did the accident arise from the negligence of your direct employee(s)? Yes No
If yes, give details of the employee(s):

Name : _____

Occupation : _____

Contact No : _____

Name : _____

Occupation : _____

Contact No : _____

j. If the answer to Q 2(i) is yes, why do you consider the employee(s) is negligent?

3. PARTICULARS OF WITNESSES

It is very important that the details of all witnesses be furnished immediately.

a. Name : _____ Contact: _____

Address : _____

Relationship of Witness: _____

b. Name : _____ Contact: _____

Address : _____

Relationship of Witness: _____

c. Name : _____ Contact: _____

Address : _____

Relationship of Witness: _____

4. PARTICULARS OF THIRD PARTIES

All documents received from third parties must be forwarded immediately.

- a. Name : _____ Contact: _____
Address : _____
- b. Name : _____ Contact: _____
Address : _____
- c. Name : _____ Contact: _____
Address : _____

PLEASE COMPLETE ONLY THOSE SECTIONS WHICH ARE APPLICABLE TO YOUR CLAIM.

5. PROPERTY DAMAGE

- a. Nature and extent of damage

- b. Approximate value: _____
- c. Had any notice of defect or complaint been given to you or your agent prior to the accident? Yes No
- d. If the answer is yes to question 5(c), please give details.

<u>Date</u>	<u>Nature of Complaint</u>
_____	_____
_____	_____
- e. What steps were taken to remedy such defects?

6. INJURY

- a. Name : _____ Contact: _____
Occupation / Relationship to Insured: _____
Nature and Extent of Injury: _____

- b. Name : _____ Contact: _____
Occupation / Relationship to Insured: _____
Nature and Extent of Injury: _____

- c. Name : _____ Contact: _____
Occupation / Relationship to Insured: _____
Nature and Extent of Injury: _____

d. Name : _____ Contact: _____

Occupation / Relationship to Insured: _____

Nature and Extent of Injury: _____

e. Name of hospital or clinic to which injured person(s) was conveyed.

f. Was the accident contributed to or caused by negligence on the part of the injured person? Yes No

If yes, in what way was he negligent?

g. Is the injured person(s) in your direct employ? Yes No

h. Is the injured person's employer your sub-contractor? Yes No

If yes, please provide copy of contract agreement.

i. Is the injured person(s) in the employ of a person to whom you are a sub-contractor? Yes No

If yes, please provide copy of contract agreement.

A plan of the scene of the accident would be helpful.

Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg

Signature of Claimant
(Affix Company stamp if applicable)

Date