General Liability Claim Form

QBE Insurance (Singapore) Pte Ltd



THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

How to complete ths form

- 1. Please complete 1. to 7. and 13.
- 2. Please complete the remaining relevant portion e.g. 9. for Fire Loss, 11. for Personal Accident etc.

What to do in the event of a claim

- 1. Attach all quotations obtained for replacement of or repair to the damaged or missing property.
- 2. Attach valuations and receipt for purchases whenever possible.
- 3. Advise Police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage, Travellers Baggage.
- 4. Attach any letter of demand or other correspondence that you may receive from any Third Party.
- 5. Do not make any admission of liability for loss or damage caused by you to third parties.

1. Clain	n No. 8-L0009450-PLB-R001	2. Client No.			
i. Ciaiii	0 200004301 EB1001	2. Chefit No.			
3. Polic	y No.	4. Account No.	03L00110		
3. Polic	y 140.	4. Account No.	03200110		
5. The I	nsured				
Name	SINGAPORE POLYTECHNIC	Contact No.			
Address	500 DOVER ROAD SINGAPORE 139651	Policy No.8-L0009450-PLB-R001	Expiry Date	31/03/2	020
		Has the premium been paid?	\checkmark	Yes	No
Name of o	other Interested Parties (Hire Purchase, Lease, etc.), if any				
	any other Insurances in force which would cover this in who is "Yes", please advise	ole or in part?		Yes	✓ No
Name of I	nsurer				
Policy De	tails				
6. Deta	ils Of Loss Damage Or Occurrence				
Date of Lo	oss/Damage/or Occurrence:		Time		AM/PM
When wa	s Loss/Damage/or Occurrence reported to you (if applicable	e):	Time		AM/PM
Place and	/or Premises where it occurred:				
Please sta	ate full particulars how Loss, Damage or Accident occurred:				
Please de	scribe Nature of Damage or Injury				
. icase ac					

7.	Responsibility/Witnesses				
	s another person, in your opinion, responsible or loss or damage ceply is "Yes", please give full details:	or cause of the occurrence?		Yes	No
Na	me	Contact No.			
Ad	dress				
Re	asons				
	s there a witness/or witnesses to this event? eply is "Yes", please give full details:			Yes	No
	me	Contact No.			
Ad	dress				
8.	Burglary Loss				
If c	laiming under Multi Risk, Housebreaking, Theft, Malicious Damag	e, Baggage, advise the following:			
a) 	Full details of method used by offender				
b)	When were the Police notified		Time		AM/PM
Ро	lice Station	Officer Name			
Sta	te reason if not reported to Police				
a)	Has the loss been advertised. If answered "Yes", give particulars and send copy of advertisem	ent with this form		Yes	No
b)	When was the property last seen by you				
c)	At the time of loss how long had premises been unoccupied				
9.	Fire Loss				
a) 	Are you the sole owner of the damaged property? If "No" give details of interested parties:			Yes	No
b)	What was the total value of the property insured by the policy at Building \$	the time of the loss? Contents \$			
					_
10.	Windstorm And Flood				
a)	If claiming for windstorm/Hurricane/Cycloneffyhoon/Water Dan	nage/Food, advise the following:			
	1) Through what type of opening did Wind, Rain or Water enter	premises			
	Did Windstorm/Hurricane/Cycloneffyhoon cause opening to If answered "Yes" describe cause:	premises		Yes	No
11.	Personal Accident				
a)	What is the name and address of the doctor attending to you?				
b)	In respect of Temporary Disablement from engaging in or giving	attention to profession of occupa	tion; how lo	ong have yo	u been:
	1) Totally disable? From	То			
	2) Partially disable?				
	From (Please attached medical certificate and/or report)	То			

12. Legal Liability						
a) Name and Addre	ss of injured person or o	wner of damaged pro	perty			
lame			Contact No.			
Address						
	_	ed property in your employ, in the employ of any contractor you? If answered "Yes", give details:			Yes	✓ No
	en made upon you. ", state details and attac	h with form All Comm	unication received		Yes	✓ No
3. Insurance Histor		1 2				
	eviously sustained Loss, ', give details of such los			l Parties?	Yes	No
) Was an Insurance	Was an Insurance Company involved? If answered "Yes", please state below name of company and year of claim:				Yes	☐ No
4. Description Of F	Property Lost Or Dama					
			ease attach separate lis			
Description of Property Lost or Damaged	From Whom Purchased	Date of Purchase	Original Purchase Price	Deduction for Depreciation and Wear and Tear		ount imed
		Total				
We the Insured do s	olemnly and sincerely d		complied with the cond	tions and warranties (i	f any) of the	Policy a
no manner delibera	ately caused the said los	s or damage or sough	t unjustly to benefit ther	eby any fraud or wilful	misreprese	
nat the information s	shown on this form is tru	e and that I/We have I	not concealed any infori	mation relating to this o	claim.	
lame & Signature			Date			
<u> </u>						
cknowledgement						ıt Prejudi
o be completed by ir lame	nsured person			eceipt of your docun receiving our attentio ntact		
Address			at Contact No.			
			Our file reference			
			Yours truly QBE Insurance (Sing	Japore) Pte Ltd		
			Claims Dept cc. Intermediary (if a	Date applicable)		