

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 this 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. Claim No. 8-L0009450-PLB-R001

2. Client No.

3. Policy No.

4. Account No.

03L00110

5. The Insured

Name SINGAPORE POLYTECHNIC

Contact No.

Address 500 DOVER ROAD SINGAPORE 139651

Policy No. 8-L0009450-PLB-R001 Expiry Date 31/03/2020

Has the premium been paid? Yes No

Name of other Interested Parties (Hire Purchase, Lease, etc.), if any

Are there any other Insurances in force which would cover this in whole or in part? Yes No

If answer is "Yes", please advise

Name of Insurer

Policy Details

6. Details Of Loss Damage Or Occurrence

Date of Loss/Damage/or Occurrence:

Time

AM/PM

When was Loss/Damage/or Occurrence reported to you (if applicable):

Time

AM/PM

Place and/or Premises where it occurred:

Please state full particulars how Loss, Damage or Accident occurred:

Please describe Nature of Damage or Injury

12. Legal Liability

a) Name and Address of injured person or owner of damaged property

Name	Contact No.
Address	

b) Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub-contractor to you, or a relative to you? If answered "Yes", give details: Yes No

c) Has any claim been made upon you. If answered "Yes", state details and attach with form All Communication received Yes No

13. Insurance History

a) Have you ever previously sustained Loss/Damage/or caused Damage or Injury to Third Parties? If answered "Yes", give details of such losses and amounts involved: Yes No

b) Was an Insurance Company involved? If answered "Yes", please state below name of company and year of claim: Yes No

14. Description Of Property Lost Or Damaged

If insufficient space, please attach separate list

Description of Property Lost or Damaged	From Whom Purchased	Date of Purchase	Original Purchase Price	Deduction for Depreciation and Wear and Tear	Amount Claimed
		Total			

I/We the Insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby any fraud or wilful misrepresentation and that the information shown on this form is true and that I/We have not concealed any information relating to this claim.

Name & Signature

Date

Acknowledgement

Without Prejudice

To be completed by insured person
Name

We acknowledge receipt of your documents and assure you that the matter is receiving our attention. Meanwhile, for any enquiries, please contact

Address

at Contact No.

Our file reference

Yours truly
QBE Insurance (Singapore) Pte LtdClaims Dept Date
cc. Intermediary (if applicable)