

Employment Practices Liability

Claim form

Zurich Insurance Company Ltd. (Singapore Branch) (the "Company") does not admit liability by the issue of this form. It has been issued to assist the insured to notify a claim under an employment practices liability policy.

Claim number (Zurich use only)

Important information

- Do not admit liability.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.

1 Policy details

Policy holder (the company who purchased the policy and in whose name the policy is held)

.....

The policy number

.....

The policy year/period

.....

Is there any other insurance that may be applicable to the notification? Yes No

If you answered 'Yes' to the above question, please provide details

Insurer

.....

Policy holder

.....

Type of insurance

.....

Period of insurance

.....

Has this matter been notified to that insurer? Yes No

.....

2 Important notice – Please attach the following documents

1. A chronology of events and/or brief summary of the background to the claim. This should include:
 - a. The subject matter of the dispute;
 - b. The nature of the allegations; and
 - c. The date allegations were first made against the individual or insured entity.
2. The name of the employee bringing the claim and confirmation of their status as an employee;
3. A copy of the employee's contract of employment and any documents that subsequently amend the employment contract;
4. Details of any agreement relevant to the employee's employment;
5. Any correspondence issued to or received from the employee (or their legal representative) concerning their employment dispute, including But not limited to any:
 - a. warning letter;
 - b. termination letter; or
 - c. written demand.
6. Any complaint, demand or other legal proceeding issued by the employee.

3 Your contact details

Name

Address

Phone number Fax number

Mobile Email address

4 Details of claim

Date you received the claim

Date incident occurred

What is the basis of the claim (or potential claim) against you?

When were you first aware that a claim may be made against you?

Was the claim made in writing? Yes No

Was the claim made verbally? Yes No

If 'Yes', please provide details of any conversations, when they occurred and whom they were between

What is the amount claimed against you? \$

Please provide your comments regarding the allegations

4 Details of claim (continued)

Summary of claim

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.....
.....
.....
.....

List of documents attached

1.
2.
3.
4.
5.
6.
7.
8.

5 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.

Name & Signature (with company’s stamp, if applicable)

Date

/ /

Contact details

To lodge your claim, you can use email, mail or fax.

Email address

claims.sg@zurich.com

Mail address

Claims Department

Zurich Insurance Company Ltd (Singapore Branch)

50 Raffles Place

Singapore Land Tower #29-01

Singapore 048623

Fax number

+65 6327 9820

Please attention your fax to the Head of Claims

If you wish to call us to discuss a potential claim, please feel free to call us on our Direct Line

+65 6236 2473

You can find additional information on our website

www.zurich.com.sg