

Claim form Liability



This form is issued by Zurich Insurance Company Ltd. (Singapore Branch) (the "Company") to enable the Insured to lodge a written statement of a claim for indemnity under the policy. It does not constitute admittance of a liability to indemnify.

Please note that all sections of the claim form are to be completed by the Insured and that failure to provide complete information may delay the processing of the claim.

If there is insufficient space on this form, please attach extra material as necessary.

Important information

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to ZURICH INSURANCE COMPANY LTD (SINGAPORE BRANCH).
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired.

Insured

Name		
Business or Trading name		
Policy number		
Address		
Postal Address		
Occupation		
Contact name		
Phone number – Private	Business	Mobile
Facsimile	Email	

Goods and Services Tax

Are you registered for GST purposes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What is your Company Registration Number?		
What percentage of the GST paid on the policy premium were you entitled to claim as an Input Tax Credit?		%
Please note that GST legislation requires that this information be provided when a claim is notified. However, it is not used in determining acceptance of a claim, nor will it be released to other parties.		
Have you received a formal demand or claim from another person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', has all correspondence including demands, contracts, quotes and invoices been attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please note that any further correspondence or documentation received in relation to this claim should also be forwarded for attention.		

Details of party or parties making claim against youName
.....Address
.....

Phone number – Private

Business

Mobile
.....

Lawyer's name

WitnessesName
.....Address
.....

Phone number – Private

Business

Mobile
.....

Relationship (e.g. employee, family, friend,

previously unknown) Name
.....Address
.....

Phone number – Private

Business

Mobile
.....

Relationship (e.g. employee, family, friend,

previously unknown) Name
.....Address
.....

Phone number – Private

Business

Mobile
.....

Relationship (e.g. employee, family, friend,

previously unknown) Name
.....Address
.....

Phone number – Private

Business

Mobile
.....

Relationship (e.g. employee, family, friend, previously unknown)

Declaration

I / We declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

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, investigating, handling, administering and/or settling my / our claim with the Company or other insurers;
- ii. the Company may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;
- 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") as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Policy, the latter shall prevail;
- 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 (Please print)

Signature

X

Date

/ /