



Zurich Insurance Company Ltd (Singapore Branch)

Co Regn No: T08FC7171K

50 Raffles Place #29-01, Singapore Land Tower, Singapore 048623

Tel: 65-6236 2210 Fax: 65-6538 4184

WORK INJURY COMPENSATION CLAIM FORM

The acceptance of this Form is NOT an admission of liability on the part of the Company.

IMPORTANT NOTICE

1. Insured is requested to state as fully and accurately as possible the information asked for as below.
2. If any detail or information is not readily available, please do not delay the submission of this claim form, but submit further details at a later stage.
3. When the injured person returns to work, please send to Zurich Insurance Company Ltd (Singapore Branch) (the "**Company**") the following documents:
 - (a) original medical bills and certificates
 - (b) copies of all your correspondences to and from the Ministry of Manpower including IReport
4. In the case of a fatal accident, please let us have the date and place of Coroner Inquiry when it is made known to you and provide us with copies of death certificate and post mortem report.
6. If the accident is a subject of claim under Common Law, please forward to the Company all correspondences that you have received or may receive from the lawyer(s) of injured and you must not, in any circumstance, admit liability in any manner, be it verbal or in writing.

Section A - Particulars of Insured

Name of Insured :
 Industry of Business:
 Total number of employees:

Policy No:
 Period of Insurance:
 Name of Intermediary:

Address:

Tel. :

Fax:

E-mail:

Section B - Particulars of Injured Person

Name of Injured:
 Sex : Male / Female
 Date of Birth:
 Nationality:
 NRIC or Work Permit No:

Occupation:
 No. of days worked per week:
 Date of Employment:
 Direct Employment:
 Yes / No / Others (please specify)
 Type of Employment :
 Permanent / Contract / Others (please specify)

Was the Injured free from any physical defect or Infirmity at the time of accident? Please state with full particulars if the answer is 'NO'.

Would such physical defect or infirmity have contributed towards this accident? Please state with full particulars if the answer is 'YES'.

Section C - Particulars of Accident

Date and Time of accident :

Location of accident:
 (please specify the country if it is outside Singapore)

Please describe briefly how the accident occurred (if machinery is involved, state the type of machinery):

Declaration

I / We declare that the above information is true and complete to the best of my/our knowledge and belief and I/we claim in respect thereof the protection of my/our policy.

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 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.

Insured's signature with Company's stamp: _____ Name & Designation of Signor _____ Date : _____