

# Tenet Insurance Company Ltd

(A member of Sompo Japan Group)  
50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623  
Tel: 6221 2211 Fax: 6221 3302  
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



## LIABILITY CLAIM FORM

**Important Notice:**  
1 This form is issued and/or accepted without admission of liability.  
2 The insured must state all information requested as fully and accurately as possible.

Agency \_\_\_\_\_

### 1. INSURED'S PARTICULARS

a. Name of Insured \_\_\_\_\_

b. Address \_\_\_\_\_

c. Residence / Business Telephone Nos.  
(Res) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

d. Business / Occupation \_\_\_\_\_

e. Policy No. and Type of Policy

Policy No: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Policy No: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

f. Do you have other policies covering you in respect of this incident?  Yes  No If yes, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. PARTICULARS OF ACCIDENT

a. Date and Time

Date: \_\_\_\_\_ Time: \_\_\_\_\_

b. Location \_\_\_\_\_

c. When did you receive notice of accident? By whom? Please give details of the person reporting.

Date: \_\_\_\_\_ Person Reporting : \_\_\_\_\_

Contact No: \_\_\_\_\_ Designation : \_\_\_\_\_

d. Has a claim been made upon you in respect of this accident? If so, for what amount?

Yes  No  Amount claimed: \_\_\_\_\_



**4. PARTICULARS OF THIRD PARTIES**

All documents received from third parties must be forwarded immediately.

- a. Name : \_\_\_\_\_ Contact: \_\_\_\_\_  
Address : \_\_\_\_\_
- b. Name : \_\_\_\_\_ Contact: \_\_\_\_\_  
Address : \_\_\_\_\_
- c. Name : \_\_\_\_\_ Contact: \_\_\_\_\_  
Address : \_\_\_\_\_
- d. Name : \_\_\_\_\_ Contact: \_\_\_\_\_  
Address : \_\_\_\_\_

PLEASE COMPLETE ONLY THOSE SECTIONS WHICH ARE APPLICABLE TO YOUR CLAIM.

**5. PROPERTY DAMAGE**

- a. Nature and extent of damage  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Approximate value: \_\_\_\_\_
- c. Had any notice of defect or complaint been given to you or your agent prior to the accident? Yes  No
- d. If the answer is yes to the previous question, give details.

<u>Date</u>	<u>Nature of Complaint</u>
_____	_____
_____	_____
_____	_____
_____	_____

- e. What steps were taken to remedy such defects?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. INJURY**

- a. Name : \_\_\_\_\_ Contact: \_\_\_\_\_  
Occupation / Relationship to Insured: \_\_\_\_\_  
Nature and Extent of Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Name : \_\_\_\_\_ Contact: \_\_\_\_\_  
Occupation / Relationship to Insured: \_\_\_\_\_  
Nature and Extent of Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Occupation / Relationship to Insured: \_\_\_\_\_

Nature and Extent of Injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Occupation / Relationship to Insured: \_\_\_\_\_

Nature and Extent of Injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

e. Name of hospital or clinic to which injured person(s) was conveyed

\_\_\_\_\_

f. Was the accident contributed to or caused by negligence on the part of the injured person? Yes  No

If yes, in what way was he negligent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Is the injured person(s) in your direct employ? Yes  No

h. Is the injured person's employer your sub-contractor? Yes  No

If yes, please provide copy of contract agreement.

i. Is the injured person(s) in the employ of a person to whom you are a sub-contractor? Yes  No

If yes, please provide copy of contract agreement.

A plan of the scene of the accident would be helpful.

