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Erection All Risks Claim Form

IMPORTANT NOTICE

The acceptance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

Particulars of Insured

Name of Insured _____ Contact Person's Telephone No. _____
 Policy No. _____ Contact Person's Email _____
 Contract Title _____
 Contract Site Address _____
 Name & Contact No. of Project Engineer _____

Section 1

State the damage item(s) Contract Works Construction Plant & Equipment Construction Machinery

Provide full description _____

Date & time damage / loss had occurred _____

Date & time damage / loss was discovered _____

Identity and designation of the person who discovered the damage / loss _____

Describe the circumstance of the damage / loss and probable cause (provide photos, sketches, reports, etc.):

Please advise how far the construction of the damaged item had been going on before the damage / loss occurred:

Please advise if any alterations / improvements will be made to the construction, design, or material during repair works:

Please provide the estimated costs of repair / replacement to the damage / loss (where applicable):

a. Contract Works	b. Construction Plant & Equipment	c. Construction Machinery
S\$ _____	S\$ _____	S\$ _____

Section 2

Where third party liability is involved, please provide the details:

a. Nature and circumstance of damage / injury:

b. Name and address of the injured person(s) or the owner of the damaged property:

c. Please advise if you have received a notice of claim.

Yes **No**

If yes, please indicate in this form and provide copy of the particulars of the claimants along with all documents and correspondences that you have received.

d. Please advise if there are any other construction project being carried out that is proximate to the damaged property. If so, kindly provide the name of the project and the responsible contractor(s).

e. Please provide details of any other policy / policies in force in connection with this incident (if any).

Declaration

I / We do hereby declare that the above information provided are, true and accurate to the best of my / our knowledge and belief and I / we have in no circumstance caused the loss nor by any fraud or misrepresentation sought to benefit thereby. I / We accept that Insurer(s) would be at liberty to deny liability in part or in full if the above written statements are in any way untrue or inaccurate.

Notice of Personal Data Protection Policy

By signing this form:

- I / We acknowledge and give consent to Great American Insurance Company in collecting using, processing and disclosing to third party service providers and/or intermediaries, within or outside Singapore, my / our personal data for the purpose of processing and servicing my / our policies / claims;
- I / We declare and confirm that I / we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me / us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- I / We acknowledge the detailed Privacy Policy Statement, governing the above, posted at <http://greatamericaninsurancegroup.com/insurance/Singapore-Branch/Document/SGP-Privacy-Policy-for-Website>

Signature of Insured _____ Date _____
 (Company Stamp)

Name / NRIC / Passport No. _____ Designation _____