



UEN: T15FC0029B
 GST Reg No: M90370081T
 3 Temasek Ave., #16-01 Centennial Tower
 Singapore 039190
 Tel: +65 6804 6000
 Fax: +65 6235 2616

Public Liability Insurance Claim Form

Important Note

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

Yes No

Name of Insured _____

NRIC/Passport No. _____

Policy No. _____

Contact Person/Telephone No. _____

Occupation/Business _____

Are you GST registered at the commencement of the Insurance? Yes No

Postal Address _____

AN ANSWER IS REQUIRED TO EACH OF THE FOLLOWING QUESTIONS

Occurrence Information

Yes No

1. State the nature of the Occurrence and date on which it took place:

Nature of Occurrence _____

Date of Occurrence _____

Time of Occurrence _____

2. Place at which the Occurrence took place (address). _____

3. Purpose for which the Premise(s) was/were being used at the date of Occurrence. _____

4. Describe what happened and the resultant damage and indicate the reason you believe was the causation. _____

5. Indicate name and address of person responsible for the loss or damage. _____

6. Was any element of risk introduced during the period of Insurance which increases the nature of the risk under the policy? Yes No

If yes, please provide details. _____

7. Describe the circumstance and details of the property loss or damage, or bodily injury of third party. _____

Occurrence Information, Continued

Yes No

8. If injury is involved, please provide the full particulars of the injured person(s). _____

9. Please provide details of injury sustained. _____

10. Has a formal claim been made against you?
If yes, please provide details. _____

NOTE: No payment, offer or promise of any payment or admission of liability should be made to the third party. All demand letters or writ of summons from third parties should be forwarded to Great American immediately upon receipt.

11. Please provide details of claim.

| Item Description (Item or Injury) | Loss/Damage/Injury Description | Amount Claimed (SGD) |
|-----------------------------------|--------------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

Note: Please attach copies of purchase invoice(s), repair bills, valuation, medical reports etc. where applicable

12. Were there any eye witness(es)?
If yes, please indicate the Name, NRIC/Passport No., Address and Contact No. _____

13. Have efforts been taken to prevent a recurrence?
If yes, please provide details. _____

Data Privacy Statement

In accordance with the Personal Data Protection Act 2012, I/We consent to the collection, use, disclosure of and/or process my/our personal data (whether contained in the Claim Form or otherwise obtained) by Great American Insurance Company (GAIC), its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me/us by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax message (notwithstanding the registration of my/our telephone number(s) in the Singapore's Do Not Call Registry).

I/We do hereby declare that the above is a full, true and accurate statement, and I/we further declare that the articles mentioned overleaf, being my/our Property, and insured under the above-named Policy or Policies, were destroyed or damaged by the stated Occurrence according to the extent and values detailed overleaf.

Signature of Insured (Company Stamp if Applicable)

Date

Designation

Name

NRIC/Passport No.