

Allianz Insurance Singapore Pte. Ltd.

CLAIM FORM

ALLIANZ LIABILITY INSURANCE

THE POLICYHOLDER/CLAIMANT IS REQUESTED TO NOTE:

- (a) This Claim Form must be completed truthfully and accurately.
- (b) This Claim Form must be filled up and delivered to us by email together with all supporting documents to claims@allianz.sg.
- (c) Please state all relevant information requested in this claim form, as complete and accurate as possible together with the supporting documents required. Any documents or reports required to process this claim shall be furnished at the expense of the Policyholder or Claimant.
- (d) The list of documents required is not exhaustive and we may require or request from you additional information/documentation as necessary to process your claim. The submission of an incomplete form, insufficient information or documentation may delay the processing or result in the denial of your claim.
- (e) Please do not admit liability to any party or make any attempts to negotiate a settlement without our written consent. Other than a simple acknowledgement, no other communications should be made.
- (f) If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under the policy, your claim may be declined and all benefits under your policy may be forfeited.
- (g) The issuance or acceptance of this form is not an admission of liability by Allianz.

Plan Type

☐ Product Liability

☐ Public Liability

Type of Claim

☐ Third Party Personal Injury

☐ Third Party Property Damage

☐ Advertising Liability

SECTION I : POLICYHOLDER INFORMATION (COMPANY/INDIVIDUAL)

Policy No:

Agency Number:

Name of Policyholder (As per NRIC/FIN):

Business / Home Address:

GST Registered Number:

Contact Details: (Office)

(Mobile)

(Home)

(Fax)

(Email):

Contact Person / Contact Information:

Business/ Occupation:

SECTION II : LOSS/OCCURRENCE INFORMATION

Date & Time of Occurrence of Incident: (DD) (MM) (YYYY) | (Hours) (Mins) ☐ AM ☐ PM

Loss/Occurrence Location:

When was the Loss/Occurrence reported to you? (if applicable) (DD) (MM) (YYYY) | (Hours) (Mins) ☐ AM ☐ PM

When was the Loss/Occurrence discovered? (DD) (MM) (YYYY) | (Hours) (Mins) ☐ AM ☐ PM

Name, Contact number and designation who discovered the Loss/Occurrence:

Describe in detail on how the incident/loss took place:

Please state the preventive measures that were taken to prevent a recurrence.

SECTION III : PARTICULARS OF WITNESSES

It is very important that the details of all witnesses be furnished immediately

Witness 1

Name (As per NRIC/FIN):

Contact Details:

Address:

Witness 2

Name (As per NRIC/FIN):

Contact Details:

Address:

Relationship of Witnesses:

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

SECTION IV : PROPERTY DAMAGE

Name, Address And Contact No. Of Owner Of Property Damaged	Extent Of The Property Damaged	Approximate Value Of Property Damaged	Estimated Cost Of Repairs To The Property Damaged

Has any claim been made upon you?

☐ Yes ☐ No

If Yes, please state details and attach all communications received from third party claimant(s):

Have you admitted responsibility in any way?

☐ Yes ☐ No

If Yes, please state the reason(s) for doing so:

SECTION V : INJURY

Name, Address And Contact No. Of Person Injured	Age	Nature Of Injuries/Remarks	Name Of Hospital The Person Injured Was Conveyed To	Occupation/Nature Of Work

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?

Is the injured person(s) in your direct employment? ☐ Yes ☐ No

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

Is the injured person(s) in the employment of a person to whom you are a sub-contractor?
If yes, please provide copy of contract. ☐ Yes ☐ No

SECTION VI : DETAILS OF OTHER INSURANCE CLAIMS

Are there any other policies of insurance in force covering you or the subject matter in respect of this event? ☐ Yes ☐ No
If Yes, please specify below:

Name and Address of Insurance Company(s):

Policy No(s):

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

SECTION VII : CLAIMS HISTORY

Have you or any Insured person previously made claim(s) for loss/damage
or caused damage/injury to third parties? ☐ Yes ☐ No
If Yes, please specify below:

Name Of Insurer	Claim No.	Date Of Loss	Nature Of Loss	Amount Paid

PERSONAL INFORMATION COLLECTION STATEMENT

Allianz Insurance Singapore Pte. Ltd. ("Allianz" or "we" or "us"), believes that an individual's Personal Information should be handled with the utmost respect and we are committed to protecting their privacy and confidentiality.

1. Purpose Of Collecting Personal Data

We may use the personal data for the following purposes:

- (a) processing and evaluating your insurance application, including submitting your application for reinsurance purposes;
- (b) administering your insurance policy and providing services in relation to your insurance policy;
- (c) investigating, process and pay claims made under your insurance policy;
- (d) invoicing and collecting premiums and outstanding amounts from you;
- (e) verifying your identity;
- (f) detecting and preventing fraud;
- (g) carrying out market research for business insights;
- (h) conducting statistical analysis and profiling analysis;
- (i) conducting research and quality assurance;
- (j) responding to, handling, and processing queries, requests, applications, complaints, and feedback from you;
- (k) complying with any applicable laws, regulations, codes of practice, guidelines, or rules, or to assist in law enforcement and investigations conducted by any governmental and/or regulatory authority;
- (l) facilitating and managing business operations, including but not limited to disaster recovery, data entry and data storage; and
- (m) any other incidental business purposes related to or in connection with the above

2. Disclosure Of Personal Data

We may disclose or transfer, within or outside of Singapore, your personal data for the purposes set out above to:

- (a) our related or associated companies, insurance intermediaries, financial institutions, professional advisers, consultants and auditors;
- (b) insurers and reinsurers;
- (c) medical institutions and professionals;
- (d) industry associations;

- (e) debt collection agencies;
- (f) parties who assist us in claim investigation, administration and adjudication;
- (g) service providers, agents, contractors, delegates, suppliers or third parties (or subcontractors of the foregoing) which we may appoint from time to time to provide us with services in connection with the services that we offer to you, and their directors, officers, employees, representatives, agents or delegates. These service providers with whom we have contractual relationships are required to provide a standard of protection to the transferred personal data that is comparable to the protection under the Singapore Personal Data Protection Act 2012 and consistent with our personal data protection policies and practices; and
- (h) regulators, government agencies and law enforcement agencies.

3. Withdrawal Of Consent

The consent that you provide for the collection, use and disclosure of your personal data will remain valid until such time it is being withdrawn by you in writing. You may withdraw consent and request us to stop using and/or disclosing your personal data at any time for any or all of the purposes listed above by submitting your request in writing to our Data Protection Officer at the contact details provided below. Your withdrawal consent will take effect within 30 days of receiving your request. Consequently, we will cease to collect, use or disclose your Personal Information, unless it is required under the Personal Data Protection 2012 or any other written Applicable Laws. If you withdraw your consent to any of the above, we may not be able to provide you with the services that you have requested for and we will inform you of the consequences of such withdrawal of consent where applicable.

4. For Enquiries Relating To Personal Data Protection, Access Or Correction Of Your Personal Data, Please Write To Us At:

The Data Protection Officer
Allianz Insurance Singapore Pte. Ltd.
79 Robinson Road #09-01
Singapore 068897
Email: dpo@allianz.sg

DECLARATION

I/We hereby declare that I/We have complied with the policy Terms & Conditions, all information provided in this Claim Form and documents submitted are true, accurate and complete to the best of my knowledge. I/We certify that I/We have not withheld any material information. I/We understand that if I/we intentionally made any false or fraudulent statement or conceal any material fact, Allianz reserves the right to repudiate the claim. I/We undertake to advise Allianz promptly of all developments in connection with the claim.

I/We hereby give consent to Allianz and its third parties service providers, related entities, business partners, employees and agents to collect, use, disclose and/or transfer, within or outside of Singapore, all personal data related to me and other individuals provided by me in this application for one or more abovementioned purposes. I/We warrant that I/We have obtained consent from the other individuals whom personal data furnished by me/us in this application for one or more abovementioned purposes.

I/We confirm that I/We understand and agree to the Personal Information Collection Statement.

Signature of Insured: _____

Company Stamp: _____

Name of Insured: _____

Date: _____

DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Kindly provide the following documents for us to assess your claim. Additional information may be required for further verification.

(Please tick against the documents you have submitted)

- ☐ Incident or Investigation Report
- ☐ Police Report
- ☐ CCTV footage (i.e. Evidence of circumstances leading to the incident)
- ☐ Colour photographs showing the damage to the items and/ or bodily injuries
- ☐ Copy of Technical/ Assessment report from repairer stating the cause and extent of damage involved together with their estimates
- ☐ Copy of the medical report to substantiate third party/parties bodily injuries in question (if applicable)
- ☐ Settlement/ Contractual Agreement arising/out of third party/parties bodily injuries (if applicable)
- ☐ Tenancy and/or Contract Agreement
- ☐ Letter of Demand and other documents from the third party/parties concerned (e.g. Writ of Summons)
- ☐ Stop Work Order or equivalent government orders