

## Liability Claim Form

You must not admit any liability regarding the incident and all particulars of damage and/or injury to a Third Party or Third Party's property and correspondences must be redirect to Insurer immediately.

### 1. PARTICULARS OF POLICYHOLDER

Policy No.	
Insured	
Business Address	
Contact Details (Telephone, Fax & Email)	

### 2. DESCRIPTION OF INCIDENT

When did Incident occur? Please indicate which day, date, and hour.

Cause and Where (premises) did Incident occur?

When, and by whom was the accident reported to you?

If the accident could have been prevented, state what precaution might have been taken?

Was the accident due to carelessness or negligence on your part or that of your employees? If so, kindly state the details.

Was the occurrence reported to the Police/Authority/Landlord? If so, let us have a copy of the Police Report/Correspondences.

Was there any Photograph/CCTV recording the chain of event? If so let us have a copy of the photograph/recording.

Was there any witness(s)? If so, let us have their name and contact details.

Have you in any way admitted liability? If so, let us have the correspondences.

### 3. THIRD PARTY

Name and Contact details of the Third Party(s):-

If the nature of liability was of personal injuries sustained by a Third Party as a result of the Incident, kindly indicate details:-

Name	Age/Gender	Type of Injury(s)

If the nature of liability was of damage to Third Party as a result of the Incident, please indicate the extent of damage.

Whether any claim has been made upon you. If so, was the amount of such claim specified?

**4. OTHER INSURANCE**

Are there any other insurances effected by you or by any other person covering the loss or any part thereof? if so, please indicate below:-

Insurance Company	Policy No	Period of Insurance	Amount Insured

**5. DECLARATION**

I/ We declare that the above information described is true and complete of the foregoing particulars in every respect. I/We agree that if I/We have made, or if I/We shall make, any false or untrue statement, suppression or concealment, my/our right to compensation shall be absolutely forfeited.

I / We hereby acknowledge, consent and agree that:-

- MS First Capital Insurance Limited (MSFC) may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as MSFC 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 MSFC or other insurers;
- MSFC may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;
- 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 Act 2012 as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Act 2012, the latter shall prevail;
- 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 MSFC, I / we represent and warrant to MSFC 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 Act 2012; and
- I / We shall indemnify MSFC for all losses and damages which may be suffered by MSFC arising out of the breach of the declarations, representations and/or warranties herein.

Policyholder/Insured's Representative Name/Designation	Signature of Policyholder/Insured's Representative
Policyholder/Insured's Company Stamp	Date