EQ Insurance

CLAIM FORM - WORK INJURY COMPENSATION INSURANCE

Agency: _____ Policy No.: _____

Please note:

1. You do not need to complete the claim form if you have a copy of the I-report.
2. The acceptance of this form is NOT an admission of liability on the part of the Company.
3. All original bills, certificates, Medical Reports, Inpatient Discharge Summary, payslips for past 12 months and other supporting documents should be provided to substantiate your claim.
4. If the accident is the subject of a claim under Common Law, you are to forward to the insurance company all letters that you have or may receive from the lawyers for the workman. Liability is not to be admitted in any manner.

Particulars of Insured

Name of of Insured:	
Address: Postal Code ( )	
Contact Person :	Contact No.: (Office) (Mobile)
Designation:	Email:

Particulars of Injured Employee

Name of Injured Employee:		
Home Address:		
NRIC/FIN:	Age:	Sex: ☐ Male ☐ Female
Contact No.: (Home) (Office) (Mobile)	Citizenship:	
Occupation of Injured Employee:	Employment Commencement Date:	

No. of Working days per week: ☐ 5 days ☐ 5½ days ☐ 6 days ☐ Others, please specify _____

Average monthly earnings (Based on 12 months before the accident date, including overtime and bonus and excluding transport allowances and reimbursement):

_____

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Is the injured employee under your direct employment? ☐ Yes ☐ No

If No, please furnish details of the direct employer:

Name:	Contact No.: (Office) (Mobile)

Address:

Postal Code ( )

Are there other policies covering the injured employee in respect of this accident? ☐ Yes ☐ No

If Yes, please furnish details:

Details of Accident

Date:	Time:
Location:	Is this a project site? ☐ Yes ☐ No Main Contractor Name:

State the date you received notification of the accident and the name and telephone number of the person who notified you:

Describe how the accident happened and/or the nature of work that led to the alleged injury:

Was the injured employee under the influence of intoxicating liquor or drugs? ☐ Yes ☐ No

If Yes, please furnish details.

Was the employee injured due to his/her own misconduct or failure to follow instructions? ☐ Yes ☐ No

If Yes, please furnish details:

Was anyone supervising the injured employee at the time of the accident? ☐ Yes ☐ No

If Yes, please furnish details:

Name of supervisor:	Designation:
Address:	Tel No:

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Are you satisfied that the employee has met with a bona fide accident arising out of his/her employment? ☐ Yes ☐ No

If the accident was fatal, state whether an inquiry was conducted:

Particulars of Witness(es)

Witness 1

Name:	Contact No.: (Home) (Mobile)
Address: Postal Code ( )	

Witness 2

Name:	Contact No.: (Home) (Mobile)
Address: Postal Code ( )	

Details of Injuries

What was the injuries suffered? (E.g body part injured, injury type)

Did the injured employee suffered from any previous injury under your employment? ☐ Yes ☐ No

If yes, please state details:

Did the injured employee suffered from any physical disability before the accident? ☐ Yes ☐ No

If yes, please state details:

Did the injured employee had any pre-existing condition before the accident? ☐ Yes ☐ No

If yes, please state details:

Name of hospital/clinic where the employee was treated:

Is the employee still undergoing medical treatment? ☐ Yes ☐ No	Has the employee returned to work? ☐ Yes ☐ No If yes, please state the date:

Authorization for Medical Report (To be completed by the injured employee)

I hereby authorize the medical practitioner who has attended to me to furnish and release the medical information for the sole purpose of my work injury compensation claim form to EQ Insurance Company Limited. I agree that a photocopy of this authorization shall be considered as effective as the original.

Name:	Signature:
NRIC/FIN:	
Date:	

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Personal Data Collection Statement

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or processed by us, or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

1. carrying out identity checks;
2. deciding whether to insure or continue to insure you and your insured persons;
3. providing advice for product recommendation based on your profile;
4. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
5. communicating on any matters relating to the services and/or products which you are entitled to under this policy;
6. respond to your inquiries or instructions and providing ongoing services, under your policy;
7. make or obtain payments and recovering any debt owed to us;
8. detecting and preventing fraud, unlawful or improper activities;
9. conducting market research and statistical analysis;
10. coaching employees for customer service quality assurance;
11. reinsuring risks and for reinsurance administration; and
12. complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

1. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
2. Medical Professionals and Institutions;
3. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
4. Debt collection agencies;
5. Dispute resolution parties;
6. Parties that assist us to investigate, administer and adjudicate claims;
7. Financial institutions;
8. Credit reference agencies;
9. Industry associations; and
10. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

Declaration by Insured

I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damages sought unjustly to benefit by an fraud or willful representation and that the information given on this form is true and correct to the best of my knowledge and belief.

_____

Signature of Insured
(Please endorse with company stamp, if applicable)

Name of Insured : _____

NRIC/Passport No. : _____

Date : _____

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Supporting Documents to be Submitted for Claim Assessment

Below is a list of minimum documentation required to process your claim. In certain circumstances, further documentation may be requested for the purpose of claim assessment.

- ☐ Original Medical Certificates
- ☐ Original Medical Bills / Final Hospital Bill
- ☐ Inpatient Discharge Summary / Radiological Report / Doctor's Memo / Doctor's Report (if any)
- ☐ Work Permit / NRIC
- ☐ Payslip / Salary Voucher/ Wage Payment Vouchers -12 months before accident date
- ☐ Wage payment voucher during medical leave
- ☐ Contractual Agreement (if accident happened at a project site)
- ☐ Traffic Accident Report (for traffic accident only)
- ☐ Death Certificate, Post Mortem report and Police Report (for fatal case only)