



redefining / insurance



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## LIABILITY CLAIM FORM

### Policy/ Certificate No.

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

#### A. POLICY INFORMATION

Policyholder's Full Name

Email  Telephone No.

Do you have other insurance covering you in respect of this incident?

No  Yes  please provide details.

Is your company GST Registered? Yes  No

#### B. CLAIMANT DETAILS

Full Name

Email  Telephone No.

#### C. LOSS DETAILS

Claim Amount

Details of the Claim

Is the Claimant under your employment? Yes  No

please provide name and address of his/her employer

Date and Time  Place

Description of accident

When did you receive notice of the accident and from whom? If in writing, please attach a copy to this form.

Describe in detail, your immediate actions taken upon notification of the incident.

How could you have prevented the incident?

State name of contractor/Distributor/Retailer involved in the incident and attach a copy of the contract agreement.

State in your opinion whether you are liable for the incident and reasons.

Please provide name and address of every witness and every other person who was present.

#### D. BANK ACCOUNT DETAILS (for direct transfer to your bank account)

Name (as per bank account)

Bank Name

Bank Code

Account No.

Branch Code

Email (for payment notification)

#### E. DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

**[Declaration]** I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

**[Authorization]** Where applicable, I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to AXA Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

**[Customer's Data Privacy Consent]** In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to **collect, use, store, transfer** and/or **disclose** the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Policyholder

(Please also provide Company Stamp for corporate policy)

## F. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT & IMPORTANT NOTE

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

(Please tick against the documents you have submitted)

- Police Report/Incident Report
- Colour photos showing the damaged property &/or CCTV footage showing circumstances of incident
- Technical report from repairer on the cause and extent of the damaged property
- Tenancy and/or Contract Agreement
- Original repair/replacement invoices/receipts

**Important :**

- **Please do not admit liability without the written consent of AXA**
- **Please forward to us all correspondences including writ of summons you may receive from any third party/parties or their representatives immediately and unanswered.**

## G. TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following:



[www.axa.com.sg](http://www.axa.com.sg)  
(Claim Section)



1800 880 4888



[cst@axa.com.sg](mailto:cst@axa.com.sg)

AXA Insurance is committed to making your claim submission simple and easy.  
Thank you for insuring with AXA Insurance, we are proud to serve you.