

# Work Injury Compensation Claim Form

QBE Insurance (Singapore) Pte Ltd



## IMPORTANT

1. Full particulars of the accident are to be furnished by the Employer.
2. The giving of the undermentioned information does not imply that the injured person is making, or will make a claim.
3. This form is sent without prejudice to the terms of the policy.
4. If any details or information are not readily available, please forward this form without delay, and supply the missing details as soon as possible.
5. All written communications received by the Employer concerning the accident to the employee should be forwarded at once to the Company.

## 1. Insured

Name of Insured	Business
Address	Policy No. and Expiry Date
	Telephone

## 2. Injured Person

Name	Nationality	Age
Local Address	Telephone	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

State occupation in which the injured person is employed.

Was the injured person engage in this occupation when the accident occurred?

Is the injured person in your direct employ? If not, give name and address of the contractor who is the employer of the injured person and their insurers. Please also let us have a copy of the contract.

When did the injured person enter your service?

How many workers are employed by you at that time of this accident?

State the name of the hospital the injured person is taken to.

State if in- or out-patient service was provided.

State whether the injured person is still in hospital or has been discharged.

State whether the injured person has returned to work. If so, when?

Are you satisfied the injured person has met with a bona fide accident arising out of his employment?

Is the injured person able to do partial work?

What is the probable period of disablement (approximate)?

Number of working days per week.

## 3. Accident Particulars

Date	Time	Place
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On what date did you receive notice of accident and from whom? If in writing, please attach to this form.

On what date did the injured person actually cease work?

What was the general nature of the contact or work going on?

State nature of injury, regions injured, right or left side?

Was the injured person under the influence of drink or drugs at the time of the accident?



**Supplementary Consent Clauses**

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of :

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products which you are entitled to under this policy which you are applying for or have applied; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
- i) complying with applicable law in administering and managing your relationship with QBE.

(collectively the "Purposes")

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers / law firms), which may be sited outside of Singapore, for one or more of the above Purposes, as such third party service providers or agents, if engaged by QBE, would be processing your personal data for QBE for one or more of the above Purposes.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers / law firms), for the Purposes as described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the Purposes as described above.

I have read and agree to the above.

Name	Signature
NRIC No.	
Date	