

# PUBLIC LIABILITY CLAIM FORM



POLICY NO.

## INSURED DETAILS

Name of Policyholder

Contact Number

Email Address

Company/Business GST registration number

## CLAIMANT DETAILS

Name (as per NRIC/Fin)

Address

Contact Number

Email Address

Age

Gender

Is he/she your employee?

Are you in any business connection to the injured person? If yes, please specify.

## CLAIM LOSS DETAILS

Date and Time

Exact place where the accident occurred

When were you first notified of this claim

Provide full details of the circumstances leading to the accident.

In your opinion, who was responsible for the accident and why?

Was the accident caused by any defect in your premises, plant or machinery? If so, please provide your replies to the following questions:

Name of person who operated the machine at the material time of the accident.

Who owns the plant and/or machinery?

Name of insurance company of this plant and/or machinery.

State the exact nature of the defect

Do you admit the defect alleged? If yes, were you aware of the defect before accident? What are the steps that you have taken to remedy the defect?

Have you ordered any alteration or repair after the accident? If so, please provide details of such alteration or repair.

Was the accident caused through or by any of your employees?

## WITNESS(ES) DETAILS

Please provide the Names, Mobile number and Email of each and every witness who was present at the time of the accident.

## THIRD PARTY'S EXTEND OF INJURY

Which parts of the body was injured and how severe was the injury?

Did the injured person seek medical treatment from the hospital or clinic immediately after the incident? If no, please provide the first consultation date and the name of the hospital or clinic consulted.

## THIRD PARTY'S PROPERTY DAMAGE

Describe in full details the property which was damaged (e.g. the make and model/type of item/date of purchase)

Name of Property Owner

Has a claim been made upon you for this accident? If Yes, what was the amount claimed?

## DOCUMENTS REQUIRED TO SUPPORT YOUR CLAIM

1. A copy of the Police Report and incident report.
2. Photographs of the damage and/or CCTV footage.
3. Any relevant document to support your position on this incident.

### Important note

- Any written communication or Writ of Summons from the third party should be forwarded to us immediately and unanswered.
- Please do not admit liability without the prior written consent of Aviva Ltd.

## DECLARATION AND AUTHORISATION

- I/We declare that the information provided is, to the best of my/our knowledge, correct in every detail. I agree that if I/We have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <https://www.aviva.com.sg/en/pdpa>

- I hereby authorise any hospital physician, other person, who has attended or examined me, to furnish Aviva Ltd, or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

Date:

Name of the Authorised Person of Insured:

Please send completed and signed physical form with any receipts and documents to support your claim to:

**Aviva General Insurance Claims**  
**Aviva Ltd.**  
**4 Shenton Way**  
**#01 - 01 SGX Centre 2**  
**Singapore 068807**  
**[www.aviva.com.sg](http://www.aviva.com.sg)**

**Signature of the Authorised Person of Insured & Company Stamp**

Note: The acceptance of this form is NOT an admission of liability on the part of Aviva.  
If there are no original receipts requirement, you can send via email to [gi\\_claims@aviva-asia.com](mailto:gi_claims@aviva-asia.com).