

WORK INJURY CLAIM FORM

1 Important Notice

1. This form is issued without admission of liability under the Policy. If a workplace injury occurs, you must submit this form immediately.
 2. Each question must be answered in full. A failure to comply with this requirement may prejudice any claim you make.
 3. You must immediately send LIU any correspondence received from lawyers acting for the injured worker. Further, you must not, make any admission of liability whatsoever.
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2 Employer/Policyholder's Details

Policy Holder _____

Telephone No. _____ Fax No. _____

Email address _____

Policy Number _____

Are there any other policies that may cover you for this accident? Yes No

Mode of payment for Medical and Loss Wages: Cheque GIRO

If GIRO, please provide bank details _____

3 Injured Worker's Details

Name _____

Gender Male Female Date of Birth _____

Citizenship _____ NRIC/FIN/Passport No. _____

Home address _____

If Worker is a Citizen or Resident of the United States, is the Worker eligible for US Medicare benefits? Yes No

4 Employment Details

Is the injured worker your direct employee? Yes No

If no, please provide details of the injured worker's direct employer: _____

What is the worker's usual occupation? _____

Basis of the worker's employment: Full-time Part-time Casual Other

Number of days worked per week: 5 days 5.5 days 6 days _____

When did this worker first commence employment with you? _____

Did the worker suffer from any pre-existing injury or disability? Yes No

Please list the actual monthly earnings of the worker for the 12 months preceding the accident:

Month	Gross earnings excluding bonus and overtime	Additional Payments/Bonus amounts received
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

5 Details of the Accident

Date _____ Time _____ a.m. / p.m.

Date the accident was reported to you _____

Where did the accident occur? _____

How did the accident occur? _____

Did any third party cause or contribute to the accident? Yes No

If Yes, provide the name and contact details of the third party _____

Was any person involved in the accident under the influence of liquor/drugs? Yes No

Was the worker injured due to misconduct or a failure to follow instructions? Yes No

Name of supervisor _____ Designation _____

6 Injuries Sustained by the Worker

Please describe the worker's injuries _____

Date the worker ceased work? _____

Is the worker still undergoing medical treatment? Yes No

Has the worker returned to work? Yes No

If no, please advise if the worker is on Medical Leave for more than 30 consecutive days.

Yes No

(If Yes, please provide copy of the Medical Certificate)

7 Declaration

I/We declare that the information shown on this form is true and correct to the best of My/Our knowledge and belief and that I/We have not concealed any information relevant to the reported accident.

Signature and Stamp of the policyholder

Date

PLEASE ATTACH A COPY OF THE MOM INCIDENT REPORT.

Release and Disclosure of Medical Information

To be completed by the injured worker.

For the purposes of this authorisation, a reference to Liberty International Underwriters (“LIU”) includes its service providers, representatives and agents.

1. I authorise any hospital, doctor, clinic and other healthcare practitioner who has attended upon or examined me for any reason to:
 - a) disclose to LIU all information with respect to any injury, sickness or treatment (whether the subject of this claim or otherwise); and
 - b) provide to LIU a copy of any medical reports, hospital/clinical records arising from or associated with any such injury, sickness or treatment.
2. I authorise LIU to disclose my personal information (including medical reports and hospital/clinical records) to any medical practitioner, legal practitioner and any other service provider, expert or consultant for the purpose of determining and managing my claim.
3. A photostat copy of this authorisation shall be as effective and valid as the original.

Signature of the injured worker

Date

Privacy Notice

Liberty International Underwriters Pte Limited (LIU) is an insurer authorised by the Monetary Authority of Singapore to conduct insurance business in Singapore. It is a member of the United States-based Liberty Mutual Group (LMG). LIU's contact details are:

Address: Liberty International Underwriters, One Raffles Quay, #37-02 North Tower, Singapore 048583
Phone: +65 6622 9160

LIU is bound by the Personal Data Protection Act 2012 when it collects and handles your personal data.

LIU collects personal data, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. LIU passes it to third parties involved in this process such as LIU's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Hong Kong, Australia and Malaysia. Your information may be transferred to countries without comparable data protection laws if it is reasonably necessary to provide you with the products or services you seek from LIU. If you do not provide the personal data LIU or other relevant third parties require to offer you specific products or services, LIU may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal data, make a personal data complaint, or if you have any query about how LIU collects or handles your personal data please write to LIU's Privacy Officer at the address above or by emailing: privacy.officer.ap@libertyiu.com. To obtain a copy of LIU's Privacy Policy go to LIU's website (www.liusingapore.com.sg) or request a copy from LIU's Privacy Officer.

When you give LIU personal or sensitive information about other individuals, LIU relies on you to provide its Privacy Notice to them. If you have not done this, you must tell LIU before you provide the relevant data.