## Contractor's/Erection All Risk Claim Form

AIG

www.aig.sg

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

ELAGE COMPLETE ALL SECTIONS TO TACILITATE THE TROCESSING OF TOOR AND ELAG.

The form must be completed truthfully and accurately.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be returned together with all supporting documents as soon as possible to the following address:

AIG Asia Pacific Insurance Pte. Ltd.

AIG Building 78 Shenton Way #09-16 Singapore 079120

The acceptance of this Form is NOT an admission of liability on the part of AIG Asia Pacific Insurance Pte. Ltd. ("the Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

Please note that information you provide in this claim form will be used for the purposes of claims administration as outlined in this form and will not be used to update any of your existing records that our organization holds. If you wish for us to update any of your information in our records, please contact our customer service representatives at 6419 3000, Mondays to Fridays, between 9am and 5pm. Alternatively, you may send us an email via www.aig.sg/contact-online.

The acceptance of this Form is NOT an admission of liability on the part of the Company.

Name of Insured	Telephone No.	Office	Insurance Policy No.	
			,	
Title of contract insured	Name(s) and address(es) of insured (s)			
Name and Email address of the contact Person				
Location and address of contract site				
Eccusion and address of confider sile				
Is the Insured GST Registered?				
☐ Yes , GST Registration no ☐ No				
			What are the estimated costs of repair?	
☐ Contract works ☐ Construction plant and equipment ☐ Construction machinery				
When did the loss or damage occur? (State date and exact time)				
How did the damage occur and what was its probable cause? (Attach sketches, photos, etc.)				
How far had the construction of the damaged items(s) progressed at the time of the occurrence of the damage?				
Give name(s) and address(es) of witnesses(es) to the occurrence.				
How will the damaged items be repaired?				
Will any alterations or improvements be made to design, construction or material when repairs are carried out?				
Is third party liability involved? If yes, please provide details.				
If there is injury to third party please advise is the injured person (s) a US citizen? If Yes, please provide us their Social Security number.				
Association buildings associated associated associated details				
Are existing buildings or surrounding property damaged? If yes, please provide details.				
Remarks:				

The undersigned insured declares to have answered the above questions conscientiously and truthfully. The undersigned insured agrees to the conditions set out at the beginning of this claim form

I, HEREBY DECLARE that to the best of my knowledge and belief, the above particulars as declared by me above are true and complete in every respect and are made without reservation of any kind.

In relation to the personal information collected in this claim form, I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG Asia Pacific Insurance Pte. Ltd. ("AIG"), I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information as follows:

(a) the personal information collected in this form (or otherwise provided during the course of the claim process, including by way of call recordings) may be collected, used and disclosed by AIG to:

(vi) respond to requests from the policyholder;	from reinsurers or other parties); ental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes; g background check(s)) in accordance with legal or regulatory obligations or risk management procedures that by AIG;		
AlG may transfer the personal information to the following classes of persons (whether located in Singapore or elsewhere) for the purposes identified in (a) above:  (i) third parties providing services related to the administration of my policy (including reinsurers) and processing of my claim;  (ii) AlG's agents;  (iii) brokers, my authorised agents or representatives or next-of-kin;  (iv) the policyholder;  (v) legal process participants and their advisors;  (vi) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums;  (vii) other financial institutions for the purpose of administering this claim, obtaining policy payments;  (viii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers, external auditors;  (ix) another member of the AlG group (for all of the purposes stated in (a)) in any country; or  (x) other parties referred to in AlG's Data Privacy Policy for the purposes stated therein.			
Note: The full version of AIG's Data Privacy Policy can be found at http://www.aig.sg/sg-privacy_1030_237853.html.			
Date	Signature		
Occupation	Company's Stamp		

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #09-16 Singapore 079120 Co. Reg. No. 201009404M

Copyright © 2020 AIG Asia Pacific Insurance Pte. Ltd. All rights reserved.

CLM002 - 03/20