Work Injury Compensation Claim Form (A)

www.AIG.com.sg

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

The form must be completed truthfully and accurately.

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 ENSURE ALL QUESTIONS ARE ANSWERED AND AUTHORISATION FROM INJURED EMPLOYEE ARE COMPLETED.)

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 Care Consultants at 6419 3000, between Mondays to Fridays, 9am to 5pm. Alternatively, you may send us an email via www.aig.com/sg/contactus.

Section A - Insured Details

Work Injury Compensation Policy No. :	1. Total No. of Employees :
2. Nature of business (Please complete Section E for construction for shipyard business)	3. Policyholder :
4. Address :	5. GST Registered : Yes / No If Yes, please provide GST No. : _____
6. Informant Name :	7. Designation :
8. Email address :	9. Contact No. :

Section B - Injured (Employee Details)

Documents required for Section B

- Copy of Work Permit/NRIC

10. Name :	11. Residential Address in your Home Country :
12. Gender/Race/Age :	13. Contact No. :
14. Nationality : (If US citizen, please provide social security number (SSN))	15. Work Permit/NRIC No. :
16. Marital Status :	17. No. of children / dependency :
18. Occupation of the injured employee :	19. General description of Injured employee's occupation :
20. Was the injured employee engaged in the employed at time of accident? Yes/No (If no, please provide details.) _____	21. Commencement date of current employment :
22. No. of days worked per week by injured employee :	23. Gross Monthly Earnings for 12 months Preceding Date of Accident

Month	No. of working days	Gross monthly earnings (excluding bonus)	Annual wage supplement/bonus paid during last 12 months
	TOTAL		
	MONTHLY AVERAGE		

Section C - Accident Details

24. Date/Time :

25. Location of accident :

26. Describe exactly how the accident happened.

27. Was the injured employee under the influence of drinks or drugs at the time of the accident?
☐ Yes ☐ No

28. Was the accident reported to Ministry of Manpower? ☐ Yes ☐ No
If yes, when did you report? _____
If no, please provide reason for non-reporting. _____

29. Are you satisfied that the employee had met with a bonafide accident of employment?
☐ Yes ☐ No

Section D - Injury Details

30. Please advise whether the injured employee had any previous injury under your employment? ☐ Yes ☐ No
(If yes, please provide details) _____

31. (a) Are there any pre-existing conditions when he was employed? ☐ Yes ☐ No
If yes, please provide details. _____
(b) Would such physical defect or infirmity have contributed towards this accident? ☐ Yes ☐ No
(c) Was the injured employee's injuries affected by any pre-existing condition before the accident? ☐ Yes ☐ No
If yes, please provide details. _____

32. Describe the type and extent of injuries (i.e. fracture of hand, amputation of toe, sprain to back etc)

33. Was the part of the body affected by this accident quite normal before the accident? ☐ Yes ☐ No
If no, please provide details. _____

34. (a) Was the injured employee hospitalized? ☐ Yes ☐ No
If yes, please provide name of hospital or a copy of inpatient discharge summary _____
(b) Did the injured employee attend any outpatient treatment after the accident? ☐ Yes ☐ No
If yes, please provide name of hospital or clinic _____

35. How many days of Medical Leave was injured employee given from time of accident?
(a) Hospitalization Leave : _____ (b) Outpatient Leave : _____

36. Has the injured employee returned to work? ☐ Yes ☐ No
If yes, please advise date of return : _____
If no, please advise date that injured employee is on Medical Leave _____

37. Is the injured employee able to do partial work?
☐ Yes ☐ No

Section E - To Be Completed For Construction And Shipyard Business

38. Was the injured employee in your direct employment? ☐ Yes ☐ No
If no, please provide details, name and address of Contractor. _____

39. Did the injured employee comply with safety regulations? ☐ Yes ☐ No
If no, please provide details. _____

40. Did the injured employee attend any safety precaution briefing? ☐ Yes ☐ No
If yes, please provide date of last attending briefing : _____

41. Are there any witness to this accident? ☐ Yes ☐ No
If yes, please provide name and address of the witnesses. _____

42. Was there any investigation conducted after the accident? ☐ Yes ☐ No
If yes, please provide a copy of the investigation report. _____

43. Was the injured employee guilty of any misconduct or disobedience to orders or rules? (i.e. was the injured employee wearing safety boots or safety harness etc?) Yes/No
☐ Yes ☐ No

COMPULSORY

AUTHORISATION FOR MEDICAL REPORT (TO BE COMPLETED BY THE INJURED EMPLOYEE)

I hereby authorise any hospital doctor or other person who has attended me to furnish AIG Asia Pacific Insurance Pte. Ltd. or its representatives any and all information with respect to any sickness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

Name	NRIC/FIN/Work Permit No.
Date	Signature

SIGN HERE

We/I hereby declare that the above statements are true to the best of our/my knowledge and belief, and we/I claim in respect thereof the protection of our/my policy. I/We agree 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:
  (i) process and administer this insurance claim;
  (ii) assess, investigate, adjust and make a decision on this claim;
  (iii) administer my insurance policy (including pursuing recovery from reinsurers or other parties);
  (iv) deal with disputes and complaints,
  (v) respond to requests for information from public and governmental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes;
  (vi) respond to requests from the policyholder;
  (vii) carry out due diligence or other screening activities (including background check(s)) 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 AIG;
  (viii) compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
  (ix) manage AIG's infrastructure and business operations; and
  (x) for other purposes stated in AIG's Data Privacy Policy.

(b) AIG 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) AIG'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 AIG group (for all of the purposes stated in (a)) in any country; or
  (x) other parties referred to in AIG'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.com.sg/sg-privacy_1030_237853.html.

Date	Employer's Signature (Name of employee and Company's stamp)

FOR OFFICIAL USE

1. Management assignment ☐ Yes ☐ No

Date of Assignment :	Assignor :

2. Investigator/Adjuster assignment ☐ Yes ☐ No

Name of adjuster (With Company's stamp):

Date of Assignment :	Assignor :

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