



CLAIM FORM

WORK INJURY COMPENSATION CLAIM FORM

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 organisation 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.

SECTION A – INSURED DETAILS

1. Work Injury Compensation Policy No.				2. Total No. of Employees	
3. Nature of business					
4. Policyholder	Company Name				
5. Address					
6. Contact No. & Email address	Contact No.		Email address		
7. Informant Name	Surname			Given Name	
8. Designation					

SECTION B – INJURED (EMPLOYEE DETAILS)

Documents required for Section B

- Copy of Work Permit/NRIC

9. Name	Surname			Given Name		
10. Residential Address in your Home Country						
11. Gender/Race/Age	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race		Age	
12. Contact No.						
13. Nationality (If US citizen, please provide social security number (SSN))						
14. Work Permit/NRIC No.						
15. Occupation of the injured employee						
16. General description of Injured employee's occupation						
17. Commencement date of current employment	D	D	M	M	Y	Y
18. No. of days worked per week by injured employee						

19. 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 (IF I-REPORT HAS BEEN FILED, SECTION C IS NOT REQUIRED TO BE COMPLETED)

20. Date/Time		<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>	
21. Location of accident					
22. Describe exactly how the accident happened					
23. Was the accident reported to Ministry of Manpower?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, when did you report it?			
		If no, please provide reason for non-reporting.			
24. Are you satisfied that the employee had met with a bonafide accident of employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		If no, please provide reason for non-reporting.			
25. Please advise whether the injured employee had any previous injury under your employment.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, please provide details.			
26. Is there any other Insurance affording coverage for this employee's injury/injuries?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, provide the policy no. and Insurer's name.			

SECTION D – INJURY DETAILS (IF I-REPORT HAS BEEN FILED, SECTION D IS NOT REQUIRED TO BE COMPLETED)

27. Describe the type and extent of injuries (i.e. fracture of hand, amputation of toe, sprain to back etc)		
28. (a) Was the injured employee hospitalised?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please provide name of hospital or clinic.	
29. How many days of Medical Leave was injured employee given from time of accident?	(a) Hospitalisation Leave	
	(b) Outpatient Leave	
30. Has the injured employee returned to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please advise date of return.	
	If no, please advise date that injured employee is on Medical Leave.	

COMPULSORY

We/I agree 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. We/I 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. ("the Company"), 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 adjusters, 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 www.aig.sg/privacy

Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Employer's Signature (Name of authorised employee)	
Name of Company	