

ISP - Claim Form

Underwriting Agencies of Singapore Pte Ltd - 1 Raffles Quay, #29-10 South Tower, Singapore 048583

Important notice

The issue of this form does not constitute any admission of liability on the part of the insurer.

Please read the claim form fully prior to answering the questions.

ALL questions must be answered as fully as possible using any additional sheets if necessary and copies of relevant documentation should be attached.

If You have any questions in relation to the completion of the claim form, please contact your insurance broker.

Please send the completed claim form, as soon as possible, to your Insurance intermediary or to:

Singapore Claims- claims@uasg.com.sg

A. Type of claim - please indicate (X) type of claim/s being reported

SECTION 1 - Damage		SECTION 2 - Hired in Plant (Liability to Owner)	
SECTION 3 - Additional Benefits		SECTION 4 - Financial Protection	
SECTION 5 - Breakdown		SECTION 6 - Third Party Road Liability	
SECTION 7 - Liability			

B. Details of insured

1. Policy number

	Claim number, if known	
--	------------------------	--

2. Name(s) of insured(s)

3. Are you registered for GST purposes?

Yes No

UEN			
-----	--	--	--

4. Insured's address and contact details

		Postcode	
Insured contact person			
Telephone number		Mobile number	
E-mail address			

C. Insured machine/vehicle

5. Make & model

Year

6. Registration number

Engine number

7. Serial number

Gross Vehicle Mass

8. Registered owner of machine/vehicle

9. What is the extent of damage to your machine/vehicle?

--

10. Where can it be inspected?

--

11. Was your machine/vehicle towed? Yes No
 If 'Yes', by whom:
12. Can the machine/vehicle be driven safely? Yes No
13. Was the machine/vehicle hired at the time? Yes No
 If 'Yes' wet or dry hire (wet with your operator, dry without your own operator) Wet Dry

14. Who hired the machine/vehicle?

15. Their address

	Postcode	
--	----------	--

16. Were conditions of hire agreed upon prior to the job? Yes No
 (Please attach a copy of the conditions of hire to this claim form)
17. Is the damaged machine/vehicle under any finance? Yes No
 If 'Yes', please provide name of the financier

Contract number

Financier's postal address

18. Describe the task being performed by the machine/vehicle at the time of the incident

19. Have you obtained any repair quotations? Yes No
 (If 'Yes', please attach to this claim form)

D. Details of driver/operator

20. Name of driver/operator

21. Their address

	Postcode	
--	----------	--

Phone number		Date of birth	/	/	
Licence no		Expiry date	/	/	Years licenced years
Operator's ticket details					Years licenced years
Operator's experience with this type of machine	<input style="width: 100%;" type="text"/>				

22. Was the operator an employee of the insured? Yes No
 If 'No', please state relationship

23. Has the operator been reported for or convicted of any offence in connection with the use, operation or control of any mobile machinery or motor vehicles during the previous 5 years? Yes No

If 'Yes', please provide details

24. Did the operator consume any intoxicating liquor or take any drugs during the twelve (12) hours prior to the incident? Yes No
 If 'Yes', please provide details

D. Details of driver/operator

25. Did the operator undergo a test (blood, breath etc.) for alcohol and/or drugs? Yes No

If 'Yes', please provide the results

--

E. Incident/claim details

26. Date of incident

/ /

27. Time of Incident (am/pm):

28. Location of Incident

Suburb	Postcode

29. How did the incident occur? (Please provide a precise description)

--

30. What was the condition of the road/site at the time of incident?

Wet Dry Loose

31. What speed was the machine/vehicle doing at the time of the incident?

32. Estimated speed of the other party at the time of the incident (if applicable)

33. Who do you consider at fault?

Yourself Other party

If 'Other party', please state why

--

34. Were there any witnesses?

Yes No

If 'Yes', please provide details

--

35. Was the incident reported to the Police?

Yes No

Name of officer			
Police station or authority	Date reported	/	/
Name of person who reported the matter to authorities			

Did the Police state who was responsible?

Yes No

If 'Yes', please provide details

--

F. Other parties, if applicable

36. Name of driver

Age years

Their address

			Postcode
Licence no	Rego no	Type of vehicle	

37. Name of owner

Owners address			
			Postcode
Phone number			
Their insurance company	Policy number		

F. Other parties, if applicable

38. Did this vehicle/machine have to be towed away from the incident scene? Yes No

39. Was there more than one (1) other party involved? Yes No

If 'Yes', please provide details

[Empty text box for details]

G. Legend

40. Please draw a sketch of the incident/site location. Indicate centre of roadway, direction and locations of vehicles and location of traffic.

INDEX: Indicate Insured's vehicle (A), Other Party's vehicle (B), (C), (D) etc.

(Please name Third Party)

[Large empty area for sketch]

H. Declaration

- 1. I/We declare that the whole of the above information and answers given are true in every detail and no information has been withheld.
2. I/We understand the claim may be refused if information is not true or is withheld.
3. I/We declare that where this Claim Form is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be sufficient to acknowledge acceptance of these matters and shall be treated as the signature of the person named in the signature panel as the Insured, or the insured's duly authorised representative.

I. Important

- 1. Own Damage - No repairs or alterations to the damaged machine/vehicle should be made until approved by Underwriting Agencies of Singapore Pte Ltd / QBE Insurance (Singapore) Pte Ltd.
2. Claims by other parties - No liability of any sort shall be incurred or admitted nor any offer or promise of payment made directly or indirectly by the Insured.

J. Personal Data Protection Act (PDPA)

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with Underwriting Agencies of Singapore Pte Ltd / QBE Insurance (Singapore) Pte Ltd (QBE), UAS/QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by UAS/QBE; and (ii) your claims. Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of: a) considering whether to provide you with the insurance you applied for; b) processing your application for underwriting and insurance; c) administering and/or managing your relationship, account and/or policy with UAS/QBE; d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy; e) carrying out due diligence or other screening activities (including background checks) 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 UAS/QBE; f) carrying out your instructions or responding to any enquiries by you; g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages; h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these; i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims j) complying with applicable law in administering and managing your relationship with UAS/QBE; k) providing you with direct marketing communications about UAS/QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes. Your personal data may/will be disclosed by UAS/QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by UAS/QBE, will be processing your personal data for UAS/QBE.

By signing below, you:

- consent to UAS/QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
• consent to UAS/QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
• consent to UAS/QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
• consent to UAS/QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name [] Position []

Signature X [] Date [] / [] / []