

Work Injury Compensation Claim Form (B)

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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 Chartis Singapore 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.)

Any information collected or held by Us whether contained in the Application / Proposal or Claim Form or otherwise obtained in any other manner, may be used and disclosed to Our associated individuals / companies or any independent third parties (within or outside Singapore) for any matters related to your claim and to communicate with You for any purpose.

Section A – Insured & Injured Employee Details (Please provide copy of work permit/NRIC)

Documents required for Section A.

- Copy of work permit/NRIC

1. Is the Company GST Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide GST No. _____		2. Marital Status of Injured Employee (If married, please advise no. of children/dependents)	
3. Nationality : (If US citizen, please provide Social Security number (SSN))		4. Insured & Injured employee's contact no.	
5. No. of days worked per week by the employee		6. 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		
7. Was the injured employee under the influence of drinks or drugs at the time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section B - To Be Completed For Construction And Shipyard Business

8. Did the injured employee comply with safety regulations? If no, please provide details. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did the injured employee attend any safety precaution briefing? If yes, please provide details (date of briefing) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Was there any investigation conducted after the accident? Are there any witnesses to this accident? If yes, please provide a copy of the investigation report and details of the witnesses. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Was the injured employee guilty of any misconduct or disobedience to orders or rules? (i.e. is the injured employee wearing safety boots or safety harness etc?) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section C - COMPULSORY (To Be Completed By The Injured Employee)

AUTHORISATION FOR MEDICAL REPORT

I hereby authorise any hospital doctor or other person who has attended me to furnish Chartis Singapore 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.	
Date	Employer's Signature (Name of authorised employee and Company's stamp)