

WORK INJURY CLAIM FORM



The issue and acceptance of this form and its accompanying documents (if any) does NOT constitute an admission by ERGO Insurance Pte. Ltd. that any part or the whole of the Claimant's claim is accepted. It also does not constitute a waiver of ERGO's rights in accordance with the terms and conditions of the Policy. Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

This form must be completed truthfully and accurately, please answer in full all applicable questions. The list of documents required is not exhaustive and we reserve our right to request from you any additional information/ supporting documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the claims 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:

Claims Department
ERGO Insurance Pte. Ltd.
8 Temasek Boulevard
#04-01 Suntec Tower Three
Singapore 038988

In the event that this claim is deemed payable by us, it shall be payable to the relevant Policyholder/Employer or Claimant/Employee only and not to third parties.

(A) EMPLOYER	
Name of Insured	_____
Address	_____
Policy No	_____ Phone No _____
Business/Occupation	_____
Address	_____
GST Resgistered?	<input type="checkbox"/> Yes <input type="checkbox"/> No Is Yes, GST Registration No. _____
Email	_____
(B) INJURED PERSON (If work permit holder, please attach a copy to this form)	
Name	_____
Address	_____
Passport/Fin/NRIC No.	_____ Nationality _____
Race	_____ Sex _____ Age _____
No. of days worked per week	_____ Date of commenced employment _____
Occupation for which the injured is employed	_____
Please provide your bank details for us to accelerate your claims payment process by direct transfer to your bank account.	
Name (as per bank account)	_____
Bank Name	_____
Account No.	_____
Notification of payment will be sent to your email address stated in your details. The company shall :	
(i) be discharged from all liability under this claim and	
(ii) not be liable for any and all losses incurred by you, as a result of you providing the company with inaccurate bank account number under this section for the payment of this claim.	
(a) Was the injured person engaged in your above stated occupation when the accident occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Was the injured person under the influence of drink or drugs at the time of the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Was he guilty of any misconduct or disobedience to orders or rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give particulars.	

(d) Is the injured person in your direct employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please give	
i) Name	_____
ii) Address	_____

(iii) Relationship to you _____

(e) State clearly if the injured is casual or permanent or temporary or loan to you _____
If on loan, from whom

(i) Name _____

(ii) Address _____

(f) Has the accident been reported to the Commissioner of Labour? State date reported.
(Please attach a copy of the i-Report made to the Ministry of Labour).

(g) Was the injured person performing work on a contract/project undertaken by you?
If so, from whom

i) Name _____

ii) Address _____

(h) If the above (g) is Yes, please provide the name and address of the main contractor of the contract/project

i) Name _____

ii) Address _____

FOR FATAL ACCIDENT ONLY

Please give full particulars of the deceased's family. Kindly state names, addresses,relationships,age and occupation.
Please attach seperate sheet of paper if space is insufficient.

(a) Please forward Death Certificate and Post-mortem report(if any)

(b) Kindly state date, time and place of hearing of Death Inquiry

(C) PARTICULARS OF ACCIDENT

Date _____ Time _____ Place _____

(a) Detailed description of circumstances leading to the accident (Please attach a copy of the police report if one has been lodged).

(b) Nature of injury (e.g. laceration, burn, fracture, etc.) and the part of body injured.

(c) Through whose neglect did the accident occur?

Name _____ Occupation _____

Address _____

His/Her employer's name _____

His/Her employer's address _____

(d) Name(s), Address(es) of witness(es)

(e) Please draw diagram below (in the case of accident involving vehicles or machinery)

If the accident was caused by machinery or gears:

Was it fenced or guarded? _____

Was it in motion? _____

(D) MEDICAL INFORMATION

(a) Where did the injured person receive medical treatment?

i) Name of hospital and/or Clinic _____

ii) Whether in-patient or out-patient _____

(b) Has the injured person return to work? Yes No

i) If so, when? _____

(c) Was the part of the body injured by the accident quite normal before the accident? If not, give full detail.

(d) Was the injured person free from physical infirmity or defect at the time of the accident? If not, please specify?

(F) IMPORTANT NOTICE

1. According to the Work Injury Compensation Act, employers are required to report work related accidents to the Ministry of Manpower within the time stipulated below

What to report	Reporting time
a)Where the accident results in death of an employee	Within 10 days of the occurrence
b)Where the accident results in any incapacity that renders the employee unfit for work for more than 3 consecutive days, or admitted in a hospital for at least 24 hours for observation or treatment	

Failure to report a work-related accident is an offence which carries a fine of up to \$5,000 for the first-time offence, and a fine of up to \$10,000 and/or a jail term of up to six months for subsequent offences.

2. When the injured person returns work, you are to send to the Company the following documents:-
 - (a) Letter informing us of the date he returned to work.
 - (b) Original Medical Certificates & bills & Assessment of Compensation issued by the Ministry of Manpower, when available,
 - (c) All correspondences between you and the Ministry of Manpower, if any.
3. No claim for compensation will be considered unless the aforesaid documents mentioned in 2 (b) are produced.
4. If the accident is a subject of claim under Common Law, you are to forward to the Company all letters that you have received, or may receive, from the lawyers for the workman and you must not, in any circumstances, admit liability in any manner.

DECLARATION, AUTHORIZATION AND PERSONAL DATA PROTECTION STATEMENT

[Declaration] I/ We declare that the particulars stated above are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused.

[Authorization] Where applicable, I/We hereby authorize any hospital, clinic, physician or any other person to disclose all information including copies of all hospital or medical records on the patient when requested by ERGO Insurance Pte. Ltd. (ERGO). I have noted that any illness, injury, consultations, medical history, prescriptions or treatment the medical report fee incurred will be borne by me. A copy of this authorization shall be considered as effective and valid as the original.

[Personal Data Protection Statement] I/We understand, acknowledge, agree and consent that:

- a. ERGO Insurance Pte. Ltd. (ERGO) may/will collect, use, disclose and/or process my/our personal data set out in this form and any other information provided by me or possessed by ERGO for the purpose of enabling ERGO to provide me with services required of an insurance provider, such as evaluating, processing, administering, and/or managing of my relationship and policies with ERGO. This includes among other things policy servicing, processing, investigating, handling, administering and/ or settling my/our claim with ERGO or other insurers;
- b. ERGO may/will disclose and transfer my/our personal data to third parties, including but not limited to its affiliates, representatives, agents and third party service providers, lawyers/law firms, whether located within or outside Singapore, for one or more of the above purposes, and the said third parties may/ will subsequently collect, use, disclose and/or process my/ our personal data for or more of the above purposes;
- c. The personal data protection clauses herein are not exhaustive. I/We have read, understood and accept the terms of ERGO's Personal Data Protection Policy at <https://www.ergo.com.sg/pdpa>;

If I/We provide personal data of a third party (e.g. information of insured persons, beneficiaries, beneficial owners, dependents, customers, payees and/ or employees) to ERGO, I/We represent and warrant to ERGO that prior consents have been obtained from each of the third parties to provide such information.

Name of Claimant

NRIC/FIN/WORK PERMIT No.

Signature of Claimant

Date (DD/MM/YYYY)

Signature of Policyholder
(Name of employee and Company's stamp)

Date (DD/MM/YYYY)