

Work Injury Compensation Claim Form (B)



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 & 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 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 authorised employee and Company's stamp)