WORK INJURY COMPENSATION INSURANCE CLAIM FORM

This form is issued on a without admission of liability basis. Please complete all sections to facilitate the processing of your application. In the event of an occurrence of any accident or any disease mentioned in Section 10(1) of the Work Injury Compensation Act 2019 that may give rise to a claim under this Policy, the Insured shall give notice of the occurrence to the Company with full particulars within the time required by the Legislation, that is within 10 days from the date of the event.

1 Information of Policyholder / Employer

Company Name		Policy Number
GST Registered	**GST Registration Number**	**Total No. of Employees**
◯ Yes ◯ No		

Company Address

Country: Postal Code:

Contact Person	Contact number	Email address

2 Information of Claimant (Injured Employee)

Full Name	Gender	Date of Birth (DD/MM/YYYY)
	◯ Male ◯ Female	

NRIC / FIN number	Nationality	Contact number	Email address

Occupation (declared under the policy)	Average Monthly Earnings (SGD)	Date of Employment (DD/MM/YYYY)

Address

Country: Postal Code:

Number of working days per week

◯ 5 days ◯ 5.5 days ◯ 6 days ◯ Others - please elaborate:

Is Claimant under your direct employment?

◯ Yes ◯ No - please provide the name of employer:

3 Accident & Injury Details

Date of Accident	Time of Accident	Location of Accident

Is this a project site? ◯ Yes ◯ No

If yes, please provide name of Main-Contractor:

Is the accident reported to Ministry of Manpower? ◯ Yes ◯ No

If no, please provide the reason(s) for non-reporting:

Description of Accident

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909 6389 6111 6222 1033 www.sg.cntaiping.com

3 Accident & Injury Details (continued)

Do you agree that the Claimant has met with a Bona Fide accident in the course of employment? ◯ Yes ◯ No

If no, please provide the reason(s):

Was the Claimant under the influence of alcohol or drugs at the time of accident? ◯ Yes ◯ No

If yes, please provide details:

Please advise whether the Claimant had any previous injury under your employment? ◯ Yes ◯ No

If yes, please elaborate:

Is / Are there any other Insurance(s) providing coverage for Claimant's injury? ◯ Yes ◯ No

If yes, please elaborate:

Description of Injury sustained (e.g. injured body part(s), type(s) of injury / injuries)

Is Claimant hospitalised?	Name of treating hospital or clinic	Number of Medical Leave (in days)	
◯ Yes ◯ No		Outpatient Leave:	Hospitalised Leave:

Has the Claimant returned to work? ◯ Yes ◯ No

If yes, please advise the date that Claimant returns to work (DD/MM/YYYY)

4 Bank Details

Please select preferred payment mode: ◯ Giro ◯ PayNow

Name of Bank	Bank Account Number	Bank Code

Name of Bank Account Holder (as per Bank's record)	UEN / NRIC (Applicable for PayNow only)

Email for notification of successful transfer (Please provide only 1 email address)

I agree to indemnify and hold China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS") harmless against any and all losses (whether direct, indirect, special or consequential) suffered by me or any third party arising from or in connection with CTPIS accepting and acting on my instruction set out above except where such loss is attributable solely to the gross negligence or willful default of CTPIS. I authorise CTPIS to effect payment in accordance with the instructions set out above.

5 Checklist

I have submitted:

- ◯ Internal investigation report
- ◯ Work Permit / Employment Pass / NRIC
- ◯ Salary voucher / Payslip for the past 12 months prior to the accident (excluding the month of accident)
- ◯ Original finalised medical invoices / receipts
- ◯ Original medical leave certificates
- ◯ Inpatient Discharge Summary / Doctor's Report / Memo on the extent of the injuries
- ◯ Referral Letter from medical practitioner for X-Ray / MRI scan / Physiotherapy / TCM (where applicable)
- ◯ Radiology report(s) from the respective screenings (X-ray / MRI scan / Lab test where applicable)
- ◯ Contractual agreement / Work Order between Insured and the involved party where applicable
- ◯ Toolbox Meeting Attendance Record on the date of accident where applicable
- ◯ Death Certificate (applicable for fatal claim only)

This checklist is non-exhaustive and China Taiping Insurance (Pte) Ltd reserves its rights to request for additional document(s), proof or other information (including the sighting of the original version of any document(s) that you have submitted) at any time for the purpose of processing this claim.

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6 Personal Data Collection Statement

1. Consent to Privacy Policy

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on CTPIS website at www.sg.cntaiping.com/en/privacypolicy, as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Application Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

◯ Email ◯ Mail ◯ SMS and other phone-based messages ◯ Voice call

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

(i) I / We have read and understood the provisions in this form;

(ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at: https://bit.ly/marketingconsent.

(iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

7 Declaration & Medical Authorisation

1. I declare that the above statements and answers are true and complete to the best of my knowledge and belief. I understand that any false or fraudulent statements or any attempt to withhold material facts whatsoever in respect of this claim, I shall forfeit all rights to claim under the policy.
2. I confirm that I have not made any claim and will not make any claim from any other source for the same bill(s) / invoice(s). If I have made a claim from any other source, I agree that I will provide a copy of the settlement agreement between me and such other source. I am aware that China Taiping Insurance (Singapore) Pte. Ltd. will not reimburse me if I have received a full reimbursement from any other source. In the event that China Taiping Insurance (Singapore) Pte. Ltd. has made a reimbursement to me and I have claimed from other source and has been reimbursed more than what I have incurred in total, I agree that China Taiping Insurance (Singapore) Pte. Ltd. has the right to recover the excess payment from me.
3. I / We understand that my / our claim may be rejected, or my / our policy may be treated as void if I / we have made any false or fraudulent statement or deliberately left out any relevant information relating to the incident(s) / event(s) stated on this form or in any document(s) provided to China Taiping Insurance (Singapore) Pte. Ltd.. In all cases, China Taiping Insurance (Singapore) Pte. Ltd. reserves all rights to report me / us to the relevant authorities and recover from me / us all claims that have been paid under my / our policy including any costs incurred by China Taiping Insurance (Singapore) Pte. Ltd. in relation to my / our policy and my / our claim (whether paid or unpaid) under my / our policy.
4. I declare that any photocopy or electronic copy of the documents submitted to China Taiping Insurance (Singapore) Pte. Ltd. are copy of the original documents and I am aware that China Taiping Insurance (Singapore) Pte. Ltd. may reject my claim at any time should it become aware that the document(s) that submitted is not a copy of the original document(s).
5. I hereby authorise any hospital, physician, person or organisation to disclose when requested to do so by China Taiping Insurance (Singapore) Pte. Ltd., all information with respect to any illness, injury, medical history, consultations, prescription or treatments and copies of all hospital or medical records.
6. I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Signature of Claimant (Injured Employee)	Signature of Policyholder (Employer) with company's stamp
Date (DD/MM/YYYY):	Name & Designation of Signatory: .....
	Date (DD/MM/YYYY): .....

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