



Tokio Marine Insurance Singapore Ltd.
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Public Liability Claim Form

The issue of this form is not to be taken as an admission of liability by the Insurer. This form must be completed and returned within seven (7) days of receipt.

Policy No : _____ Claim No: _____
Name of Policyholder : _____
Address: _____

Contact Person : _____
Tel No : _____ Email : _____

Details of Accident:

Date : _____ Time : _____ am/pm Place : _____

State exactly how the accident happened : _____

Who was to blame? Please provide reasons: _____

If plant and/or machinery are used, please advise:

a) Name of person operating it at the material time of accident? _____

b) Owner of the Plant and/or Machinery? _____

c) Name of Insurance Company of this Plant and/or machinery _____

If accident is attributed to defect in your premises or plant, please advise:

a) Nature of defect alleged : _____

b) Do you admit the defect alleged : Yes / No

c) If Yes, were you aware of the defect before accident : Yes / No

d) If Yes, what steps did you take to remedy it? _____

e) Have you order any alteration or repair after the accident? Yes / No

f) Are all statutory obligations observed or complied with? Yes / No

Details of negligent person

Name : _____ Address : _____

Occupation : _____

Is he/she your employee? Yes / No

If Yes, how long has he/she been employed : _____ Was he given any form of training : _____

Please list witnesses' names if available:

Name: _____ Name: _____

Address: _____ Address : _____

Relationship to insured: _____ Relationship to insured: _____

Particulars of Injured third party:

Name : _____ Address : _____

Age : _____ Gender: Male / Female _

Occupation : _____

Nature of Injury : _____ Was the injured person contributory negligent? Yes / No

_____ In what way was the injured contributory negligent? _____

Name of third party's employer : _____

Is third party's employer your sub contractor? Yes / No

Does his contract include a provision indemnifying you against accidents to his employees? Yes / No
(Please attach copy of contract if available)

If third party employer is your Principal / Contractor, does your contract include an indemnity to the Principal / Contractor?
Yes / No (Please attach copy of contract if available)

Particulars of third party's property damage:

Describe property damaged: _____ Nature and extent of damage : _____

Name of property owner : _____ Address of property owner : _____

Has a claim been made upon you for this accident? Yes / No If Yes, for what amount? _____
Please attach listing if necessary.

Declaration: I/We hereby declare and warrant that all the answers given above to be true. I/We accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false or inaccurate in any aspect

Signature & Company Stamp

Designation

Name

Date

Importance Notice:

1. The insured is required to furnish the Particulars above as fully and accurately as possible.
2. If any person has been injured or damage caused to third party vehicle or property, DO NOT admit liability in any way.
3. Communication of any kind you received should be sent immediately and unanswered, to the Company.