



Tokio Marine Insurance Singapore Ltd.

Company Reg. No. : 192300014M
20 McCallum Street
#09-01 Tokio Marine Centre
Singapore 069046
Tel : (65) 6221 6111 Fax : (65) 6225 9887
Email : tmis@tokiomarine.com.sg
Website : www.tokiomarine.com.sg

Erection All Risks Claim Form

The issue of this form is not to be taken as an admission of liability by the Insurer.

Fire GA Claims Fax No: 62259887

Name of Policyholder :
Policy No :
Address:
Title of Contract:
Location & Address of Contract Site:
Name of supervising engineer

Section 1

Which items were damaged/loss? ()Contract Works ()Construction Plant and Equipment ()Construction machinery

Please describe fully:

Date and time damage/loss occurred: @ about am / pm

Date and time damage/loss discovered? @ about am / pm

Damage was discovered by Designation of this person:

How did the damage occur and what was its probable cause? (Attach sketches, photos, etc)

How far had the construction of the damaged Item(s) progressed at the time of the occurrence of the damage?

Will any alterations/improvements be made to design, construction or material when repairs are carried out?

What are the estimated costs to repair/replace damage/loss (as the case may be)

Table with 3 columns: a) Contract works, b) Construction Plant & Equipment, c) Construction Machinery. Includes multiple rows for cost estimation.

Section 2

Is a Third party liability involved? If so, give:-

a) Name and Address of any persons injured or the owner of the property damaged :

b) Have you received Notice of any claim? ()Yes () No

If Yes, give particulars and enclose all correspondence/documents that you have received.

c) Was a report lodged with the Police? If so, give report number and police station & attach a copy of the report.

Are existing buildings or surrounding properties damaged? _____

Please give details of other policy/policies in force (if any) _____

Remarks _____

Declaration: I/We hereby declare that these particulars are true to the best of my/our knowledge and belief and I/we have in no manner caused the loss nor by any fraud or misrepresentation sought to benefit thereby. I 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.

Notice for Personal Data Protection Policy

By signing this form:

- i) I/We acknowledge and consent to TMiS collecting, using, processing and disclosing to third party service providers and/or intermediaries, within or outside Singapore, my/our personal data for the purpose of processing and servicing my/our policies/claims;
- ii) I/We declare and confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- iii) I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg.

Signature & Company Stamp of Insured

Date

Name : _____

Designation: _____

NRIC NO: _____

Please mail duly completed claim form to: Tokio Marine Insurance Singapore Ltd, 20 McCallum Street #09-01, Tokio Marine Centre, S'pore 069046. Fire & GA Claims Dept, Fax : 6225 9887.

Please attach another piece of paper if the space provided is insufficient.