

# Tenet Insurance Company Ltd

(A member of Sompo Japan Group)  
50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623  
Tel: 6221 2211 Fax: 6221 3302  
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



## CONTRACTOR ALL RISK CLAIM FORM

**Important Notice:**  
1 This form is issued and/or accepted without admission of liability.  
2 The insured must state all information requested as fully and accurately as possible.

Agency \_\_\_\_\_ Policy No: \_\_\_\_\_

### 1. INSURED'S PARTICULARS

a. Name of Insured \_\_\_\_\_

b. Contract Description \_\_\_\_\_

c. Contact Person / Telephone No.

Name \_\_\_\_\_ Designation \_\_\_\_\_ Tel \_\_\_\_\_

d. If the accident involved was caused by persons not under your direct employ, please provide details.

Name of Company \_\_\_\_\_

Contact Person / Tel No \_\_\_\_\_ / \_\_\_\_\_

Relationship to insured \_\_\_\_\_

Is there a direct contract with the insured? Yes - please provide copy of contract agreement.

No - please give details \_\_\_\_\_

e. Does the person who caused the accident have other policies covering you in respect of this incident?

Yes  No If yes, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. PARTICULARS OF ACCIDENT

a. Date and Time: Date: \_\_\_\_\_ Time: \_\_\_\_\_

b. Location \_\_\_\_\_

c. When did you receive notice of accident? By whom? Please give details of the person reporting.

Date: \_\_\_\_\_ Person Reporting : \_\_\_\_\_

Contact No: \_\_\_\_\_ Designation : \_\_\_\_\_

d. Has a claim been made upon you in respect of this accident? If so, for what amount?

Yes  No  Amount claimed: \_\_\_\_\_

e. What was damaged? Which parts and to what extent?

contract works \_\_\_\_\_

construction plant and equipment \_\_\_\_\_

construction machinery \_\_\_\_\_

others, please specify \_\_\_\_\_

f. Has damage occurred to third parties? Please give details.

property damage \_\_\_\_\_

bodily injury \_\_\_\_\_

g. If the accident could have been prevented, state what precautions might have been taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. State clearly how the accident occurred and what was the probable cause. **Attach Police Report or any other technical report if applicable.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i. Did the accident arise from the negligence of your direct employee(s)? Yes  No   
If yes, give details of the employee(s):

Name : \_\_\_\_\_

Occupation : \_\_\_\_\_

Contact No : \_\_\_\_\_

Name : \_\_\_\_\_

Occupation : \_\_\_\_\_

Contact No : \_\_\_\_\_

j. If the answer to Q 2(i) is yes, why do you consider the employee(s) is negligent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. PARTICULARS OF WITNESSES**

**It is very important that the details of all witnesses be furnished immediately.**

a. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Address : \_\_\_\_\_

Relationship of Witness: \_\_\_\_\_

b. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Address : \_\_\_\_\_

Relationship of Witness: \_\_\_\_\_

c. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Address : \_\_\_\_\_

Relationship of Witness: \_\_\_\_\_

**4. PARTICULARS OF THIRD PARTIES**

**All documents received from third parties must be forwarded immediately.**

a. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Address : \_\_\_\_\_

b. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Address : \_\_\_\_\_

c. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Address : \_\_\_\_\_

PLEASE COMPLETE ONLY THOSE SECTIONS WHICH ARE APPLICABLE TO YOUR CLAIM.

**5. PROPERTY DAMAGE**

a. Nature and extent of damage

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b. Approximate value: \_\_\_\_\_

c. Had any notice of defect or complaint been given to you or your agent prior to the accident? Yes  No

d. If the answer is yes to question 5(c), please give details.

Date                      Nature of Complaint

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e. What steps were taken to remedy such defects?

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**6. INJURY**

a. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Occupation / Relationship to Insured: \_\_\_\_\_

Nature and Extent of Injury: \_\_\_\_\_

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b. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Occupation / Relationship to Insured: \_\_\_\_\_

Nature and Extent of Injury: \_\_\_\_\_

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c. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Occupation / Relationship to Insured: \_\_\_\_\_

Nature and Extent of Injury: \_\_\_\_\_

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d. Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Occupation / Relationship to Insured: \_\_\_\_\_

Nature and Extent of Injury: \_\_\_\_\_

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e. Name of hospital or clinic to which injured person(s) was conveyed.

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f. Was the accident contributed to or caused by negligence on the part of the injured person? Yes  No

If yes, in what way was he negligent?

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g. Is the injured person(s) in your direct employ? Yes  No

h. Is the injured person's employer your sub-contractor? Yes  No

If yes, please provide copy of contract agreement.

i. Is the injured person(s) in the employ of a person to whom you are a sub-contractor? Yes  No

If yes, please provide copy of contract agreement.

**A plan of the scene of the accident would be helpful.**

We/I hereby declare that the above statements are true and complete and we/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

\_\_\_\_\_  
Signature of Claimant  
(Affix Company stamp if applicable)

\_\_\_\_\_  
Date