

Steps to follow when submitting a Spectra claim for consideration

- ◆ You can access our website at www.tenetinsurance.com to download a copy of our claim form. Simply click on the 'Claims' tab and select the appropriate option.
- ◆ Alternatively, you can notify the Company at our offices, through your agent or broker or via email at claimsreport@tenetinsurance.com and request a claim form to be posted to you.
- ◆ Complete the claim form as accurately as you can and return the form to us *within the stipulated time frames* stated in your policy conditions. **Please note that submission of the claim form will be treated as your making a claim under your policy.**

As the Spectra policy comprises many sections, the procedures to follow and documents to submit will vary depending on the type of claim you are submitting. For claim forms you should also select the claim form according to the type of claim you are selecting.

For property claims	use	General Property Claim Form /procedure
For liability claims	use	General Liability Claim Form / procedure
For miscellaneous claims	use	General Claim Form

General Information

- ◆ Take all reasonable steps to minimize the extent of loss or damage. If possible, take photographs to show the extent of damages.
- ◆ Do not dispose of, repair, reinstate, alter or in anyway interfere with the damaged items or the evidence as to the cause of loss or damage, except with our consent or that of our appointed loss adjusters.
- ◆ If a criminal act such as fraud, bodily assault, theft, robbery or fidelity is involved, please make a police report. A copy of the police report must be extended to us.
- ◆ Record the particulars of the witnesses (if any).
- ◆ Retain and submit all original invoices, bills and any other documents to substantiate your claim.
- ◆ We may appoint service providers when necessary to conduct an investigation into the occurrence. Should we do so, we will keep you

informed of our appointed service provider's details. Please co-operate fully with the adjuster or investigator and provide all necessary information in a timely manner to ensure that we may respond to you as soon as possible.

LOSS OR DAMAGE TO INSURED PROPERTY

Notification

You should always notify the Company of a claim as soon as possible and in any event within the notification period stated in the policy documents. Failure to do so may result in further and aggravated damage to the insured property or deny the Company the opportunity to attempt to mitigate the loss or prejudice our position as far as recovery is concerned. Should this happen, the Company may reserve our rights and decline to consider your claim.

Important points to note (please peruse your policy for detailed wordings)

Contribution

If you have any other insurance covering the property damaged or lost you should declare this to the Company. The Company shall not pay or contribute more than its ratable proportion of the loss.

Average

If the value of the insured property is actually higher than the amount insured in the policy at the time of loss, the Company will only pay a ratable proportion of the loss up to the insured value and you will have to bear the remaining loss on your own. Every item, if more than one, shall be separately subject to this condition.

You should therefore make sure that you have put in an adequate sum insured for your property and should at the least review your sum insured upon every policy renewal. The onus of ensuring an accurate sum insured shall rest on you.

Depreciation

The amount to be settled will take into consideration proper allowance for wear, tear or depreciation.

Subrogation

If the loss of damage to the insured property is caused by a third party's action the Company will have a right of recovery against the third party. In these

instances, you shall co-operate with the Company as required in order that we may enforce our recovery rights.

Duty of Care

You should always act as if uninsured and take all reasonable care to maintain and keep the insured property in a proper state of repair and take all reasonable precautions to prevent accidental loss or damage to the property insured. You should

What documents do I need to submit?

This will vary from case to case and will also depend on the circumstances of the claim, but common documents to be submitted as applicable include:

- ◆ Fully completed claim form
- ◆ Police report
- ◆ Any original receipts or invoices to evidence payment
- ◆ Any other documents to substantiate your claim

LIABILITY CLAIMS - LOSS OR DAMAGE TO THIRD PARTY PROPERTY OR INJURY TO THIRD PARTIES

Notification

You should always notify the Company of a claim as soon as possible and in any event within the notification period stated in the policy documents.

- ◆ Failure to do so may prejudice our position on liability and/or recovery prospects and deny the Company the opportunity to investigate the matter early.
- ◆ Timely notification will enable the Company to take whatever action as is necessary to mitigate the loss and/or achieve an amicable settlement. Early settlement of a claim will result in cost savings for all parties.
- ◆ You should co-operate and ensure the co-operation of your employees with the Company in our investigation process.

Non or late reporting of claims, failure to pass documents from third parties to the Company or non co-operation may prejudice our position. Should this happen, the Company may reserve our rights and decline to consider your claim.

Claims from Third Parties

- ◆ Do not admit liability or sign any promissory note agreeing to pay for damages.
- ◆ All documents received from third parties must be forwarded, unanswered, to Tenet immediately.
- ◆ What should you do if you do receive a third party letter or Writ of Summons?
The facts & circumstances surrounding an accident will vary from case to case and we will need to evaluate each case on its own merits. You must therefore notify the Claims Department immediately upon receiving such documents so that we are able to advise you accordingly. Any delay on your part may prejudice your claim. Please contact the Claim Department immediately for advice.

What documents do I need to submit?

Common documents to be submitted as applicable include:

- ◆ Fully completed claim form and/or police report if applicable
- ◆ Any original receipts to evidence payment
- ◆ Any other documents to substantiate your claim
- ◆ Any documents received from third parties

PERSONAL ACCIDENT CLAIMS

What documents do I need to submit?

Common documents to be submitted as applicable include:

- ◆ Fully completed claim form /
- ◆ Police report / Medical reports / In-patient Discharge Summary form
- ◆ Original medical bills and/or certificates. Please provide your latest pay slip or other evidence of remuneration if claiming for weekly wage compensation.
- ◆ Medical and TCM bills must indicate a breakdown of the expenses incurred (consultation and medication prescribed). Do not submit receipts as these will not show enough information for the claim to be assessed. Specialist consultation and treatment should be referred by a general practitioner.

- ◆ The medical condition being treated must be clearly stated, especially for claims made under extended benefits. For example, the diagnosis should state clearly that the treatment is being sought for food poisoning, insect bites or a specific infectious disease if you are making a claim under these extended benefits.

We are pleased to highlight the *Tenet Assist* program, which is a comprehensive range of services and benefits that you can depend on in the unfortunate event of a claim. Call our *Tenet Assist* Hotline at [\(65\) 6334 1389](tel:6563341389) and enjoy the following benefits. If you are overseas, please CALL COLLECT to enjoy full benefits.

Medical Assistance

- ◆ Telephone Medical Advise
- ◆ Medical Service Provider Referral
- ◆ Arrangement of Appointments with Doctors
- ◆ Arrangement of Hospital Admission
- ◆ Monitoring of medical condition during hospitalisation
- ◆ Arrangement of Emergency Medical Evacuation back to Singapore
- ◆ Arrangement of Emergency Medical Repatriation back to Singapore
- ◆ Arrangement of Transportation of Mortal Remains back to Singapore

Travel Assistance

- ◆ Inoculation and visa requirement information
- ◆ Embassy referral
- ◆ Interpreter referral
- ◆ Lost luggage assistance
- ◆ Lost passport assistance

OTHER MISCELLANEOUS CLAIMS

- ◆ For **Consequential Loss** claims the policy will pay the amount stated in the schedule if the insured premises is closed due to an insured peril and causes interruption to the insured's business. You should co-operate fully with our appointed service provider if any and provide all documents requested for in order to substantiate your claim. You should take all necessary steps to mitigate loss and ensure that business is resumed in a timely manner.

- ◆ For claims under the **Legal Expenses** section, the policy will pay legal expenses incurred only in respect of legal action in connection with the business and incurred with the Company's consent.

You should report the matter to the Company as soon as possible as the policy will not pay any claim which is reported more than 6 months after the occurrence of the insured event.

You should keep the Company informed of any developments in the legal process and provide all necessary information about the matter so that we may evaluate the matter. Failure to do so will prejudice our position and will be a breach of policy conditions, resulting in the rejection of the claim.

- ◆ For **Fidelity Guarantee** claims (if covered under the policy) you should notify the Company within seven (7) days upon discovery or if there is reasonable cause for suspicion that any acts of fraud or dishonesty on the part of any of the employees - there will be no cover for any sums misappropriated after this date.

You shall co-operate fully to enable the Company to recover from any one of the employee or by his estate any monies which the Company shall have paid or become liable to pay under this policy. You should take steps to prosecute the Employee to conviction for any criminal act which the Employee shall have committed and in consequence of which a claim shall have been made under the Policy.

WORK INJURY COMPENSATION CLAIMS

Claims Notification

- ◆ Notify the Company within 24 hours.
- ◆ Under the Workplace Safety and Health Act (WSHA) and Work Injury Compensation Act (WICA), employers are required to report workplace accidents and occupational diseases to the Ministry of Manpower (MOM) within the following time frame:

What to Report	Reporting Timeframe
A workplace accident resulting in the death of an employee	<ul style="list-style-type: none"> Notify as soon as is reasonably possible. Submit the report within 10 days of the accident.
A workplace accident resulting in the injury of an employee who is given more than 3 consecutive days of medical leave or hospitalised for at least 24 hours.	<ul style="list-style-type: none"> Submit the report within 10 days of the accident.
A workplace accident resulting in the employee sustaining permanent incapacity.	<ul style="list-style-type: none"> Submit the report within 10 days of the accident.
An occupational disease	<ul style="list-style-type: none"> Submit the report within 10 days of receipt of doctor's written diagnosis.

- ◆ Submit your report to the MOM via the MOM iReport Online Reporting System at <http://www.mom.gov.sg/iReport>. The notification process will essentially comprise four steps:

Step 1 – Informant Details

Step 2 – Informant Organisation Details

Step 3 – Incident Details

Step 4 – Victim/Patient Details

The website provides very detailed instructions on how to complete the electronic form and the reporting process itself provides an easy step by step guide to assist users in completing the process.

- ◆ Failure to comply with the above requirements is an offence which carries a maximum fine of \$5,000 for the first offence and a maximum fine of \$10,000 and/or imprisonment up to 6 months for the second or subsequent offences.

The MOM has also introduced a new form known as the 'Notice of Accident/ Occupational Disease/Dangerous Occurrence' form. This form will replace the old 'Form A' document. This form can be downloaded from the MOM website www.mom.gov.sg under Resources / Forms / Occupational Safety and Health Division.

- ◆ A copy of this form must be submitted to the Company together with a completed Workmen Compensation Claim Form. If you have already made an iReport to MOM you may complete the short WIC claim form. Otherwise you should complete the full WIC claim form. **Please note that submission of the claim form will be treated as your making a claim under your policy.**
- ◆ Record the particulars of the witnesses (if any).
- ◆ We may appoint service providers when necessary to conduct an investigation into the occurrence. Should we do so, we will keep you informed of our appointed service provider's details. Please co-operate fully with the adjuster or investigator and provide all necessary information in a timely manner to ensure that we may respond to you as soon as possible.

What to do when an accident occurs

- ◆ You should establish the facts of the accident as early as possible when the details of the incident are still fresh in the memory of the parties involved. If possible you should take some pictures of the scene to ensure that an accurate first hand account is available.
- ◆ Record statements from the parties involved including co-workers and any other witnesses at the scene. This is especially important if the parties involved are foreign workers who may no longer be around later.
- ◆ If the accident involves equipment or structures, do not throw away anything until our appointed surveyor has had a chance to have a look at the scene. If possible take photographs of the affected equipment or structure before anything is removed. This will help to establish how the accident happened.
- ◆ Failure to report the incident on time to us may result in none of the above evidence being available to us and this may prejudice your claim under the policy.

Claims under Common Law

- ◆ Do not admit liability or sign any promissory note agreeing to pay for damages.

- ◆ All documents received from third parties must be forwarded, unanswered, to Tenet immediately.
- ◆ What should you do if you do receive a third party letter or Writ of Summons?

The facts & circumstances surrounding an accident will vary from case to case and we will need to evaluate each case on its own merits. You must therefore notify the Claims Department immediately upon receiving such documents so that we are able to advise you accordingly. Any delay on your part may prejudice your claim. Please contact the Claim Department immediately for advice.

- ◆ Failure to respond to a Writ of Summons will result in Interlocutory Judgment being entered against you. If this happens, your claim will be prejudiced and you may not be covered under your policy. Any additional costs incurred to set aside the judgment will be borne by you.

What documents do I need to submit?

Common documents to be submitted as applicable include:

- ◆ Fully completed claim form and ‘**Notice of Accident/ Occupational Disease/Dangerous Occurrence**’ form
- ◆ Medical reports / Inpatient Discharge Summary / Medical note from attending doctor
- ◆ Original medical bills and/or medical certificates / Medical appointment card
- ◆ Any original receipts / documents to evidence payment of wages
- ◆ Clinical Abstract form duly signed by the injured worker / Work Permit or NRIC
- ◆ If the injured worker is not your direct employee you must provide a copy of the contract document between your company and the sub-contractor.

Circumstances will be different from claim to claim and we may request for additional information specific to a claim if required.

Claims Addendum Form

As part of the claims process, we will require you to provide us with an update of the worker’s injury and employment status from time to time. To make it easier for you to provide such information, we will send you a Claims Addendum Form listing the information required. You should complete this

form as accurately as possible and return the form to us as soon as possible. Failure to do so may slow down the claims process and delay payments due under the policy.

Payment of Permanent Incapacity awards

The Workmen’s Compensation Act (CAP 354) provides for payment of compensation to be made **within 21 days** of the service of the Notice of Assessment otherwise interest will be charged.

- ◆ PIN payment cheques will be sent directly to the injured worker by Registered Mail. Payment will be sent to the address as listed in the MOM assessment form.
- ◆ If this is the insured’s address, receipt of the payment by the insured’s staff will be deemed as receipt by the worker and any interest that may be incurred for failure to make payment on time **will be borne by the insured.**
- ◆ If the insured does not know the whereabouts of the worker in question, they should advise us immediately so that we can approach the MOM for assistance.

Important Notice

If you have made any false or fraudulent statements or suppressed concealed or falsely stated any material fact whatsoever, your claim may be refused.