India International Insurance
SINGAPORE
Serving the region since 1987

LIABILITY CLAIM FORM

The issue and acceptance of this form is not an admission of liability on the part of the company

Policy Number			
Name of Insured			
Address of Insured			
Occupation of Insured			
Contact Number:		Email:	
Date of Accident		Time of Accident	
Place of Accident			
Full description of circumstances / cause surrounding the accident			
When and By Whom was the accident reported to you?			
Was the accident due to negligence/carelessness on your part or that of your employee?		☐ Yes	☐ No
Have you in anyway admitted liability?		☐ Yes	☐ No
Which Police Officer / Police Station did you report the accident?			
Name & Address of witnesses of accident	Name	Address	

Particulars of Damage / Injury to other Persons or Property
(Any communication received regarding the accident should be sent to the Insurer immediately)

Name & Address of other Party or Parties	Name	Address	
Nature of Personal Injuries if any, sustained by any person as a result of the accident	Name	Age	Injuries
Extent of the damage to Property			
Has any Claim been made against you?		☐ Yes	☐ No
If YES was the amount of such Claim specified?		☐ Yes	☐ No
Please give any additional information which you consider would help the Insurer in dealing with any Claim that may be made against you			

I/We declare that to the best of my/our knowledge and belief, the above statements are fully and truly made.

Name of Insured: ___________________________________ Signature of Insured: ___________________ Date: _______________

Co. Reg. No. : 198703792K
64 Cecil Street #04/#05 IOB Building, Singapore 049711
Tel.: 6347 6100 Fax: 6224 4174. 62257743 Website: www.iii.com.sg Email: insure@iii.com.sg