

## WORK INJURY COMPENSATION CLAIM (ADDENDUM FORM)

### SECTION I – PARTICULARS OF POLICYHOLDER/INSURED

Name of Policyholder: \_\_\_\_\_

Policy No.: \_\_\_\_\_

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

Name of Injured Person: \_\_\_\_\_ NRIC / Passport No.: \_\_\_\_\_

Telephone No. (Office): \_\_\_\_\_ (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Number of working days per week: ☐ 5 days ☐ 5 ½ day ☐ 6 days ☐ Others (please specify): \_\_\_\_\_

### SECTION II – THE ACCIDENT

Date: \_\_\_\_\_ DD \_\_\_\_\_ MM \_\_\_\_\_ YYYY Time: \_\_\_\_\_ ☐ am ☐ pm

Place: \_\_\_\_\_

Project Name / Location:

What was the general nature of the contract or work going on?

When did the injured person cease work? \_\_\_\_\_ DD \_\_\_\_\_ MM \_\_\_\_\_ YYYY

Has the injured person returned to work? If yes, please advise the return date.

Was there any witness or witnesses to this accident? If yes, please advise:

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) Relationship of witness with Injured Person: \_\_\_\_\_

d) Telephone No. (Office): \_\_\_\_\_ (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

### SECTION III – IMPORTANT NOTICE

1. The issue and acceptance of this form is without prejudice to the terms and conditions of the policy and is not an admission by Allied World Assurance Company, Ltd (Singapore Branch) (collectively with its affiliates "Allied World") of the claim (whether in whole or in part). It should also not be regarded as a waiver by Allied World of any breach by the policyholder or insured of the policy terms and conditions.
2. To facilitate the processing of the claim, please complete this form as fully and accurately as possible, and return the completed form to Allied World without delay.
3. The information and documents requested in this form are preliminary only. Further information and documents may be required. Allied World may also request for sight of original documents.
4. All accidents must be reported to the Commissioner for Labour as specified under the Work Injury Compensation Act.

### SECTION IV – DECLARATION, AUTHORISATION & PERSONAL DATA CONSENT

#### Declaration

I/We:

- (i) confirm that I am/we are the policyholder and/or insured;
- (ii) declare, to the best of my/our knowledge and belief, and warrant that:
  - a. all information in this form is true, correct and accurate in every detail; and
  - b. I/We have not withheld, concealed or suppressed any material information or made a false statement in relation to the claim;
- (iii) further agree and undertake that I/we shall not, subsequent to our submission of this form, make any false statement or conceal or suppress any material fact relating to the claim.

#### Authorisation

I, \_\_\_\_\_ NRIC/FIN No. \_\_\_\_\_

hereby consent to and authorise any person or organisation (including the police, any governmental body, medical practitioner, hospital, clinic, insurer) to disclose to Allied World Assurance Company, Ltd (Singapore Branch) (collectively with its affiliates "Allied World") any and all information, records, reports or certifications as Allied World considers, in its absolute discretion, relevant for its assessment of this claim (including any police records, investigation status and results, hospital or medical records/certification including earlier medical history respect to any illness or injury). The information given is true and correct to the best of my knowledge and belief. A copy of this authorization shall be as effective and valid as the original.

#### Personal Data Consent

I/We acknowledge and consent to Allied World collecting, using, disclosing and processing my/our personal data, including disclosing my/our personal data to third party service providers within or outside Singapore, for the purposes set out in and in accordance with the Allied World Singapore Personal Data Protection Statement available at <https://alliedworldinsurance.com/singapore/>. If I/we have provided or will provide information to Allied World about any other individuals, I/we confirm that I/we are authorised to disclose his or her personal data and also give this consent on both my/our and their behalf.

Signature of Policyholder / Insured / Date  
and Company's stamp, if applicable

Signature of Insured Person / Date

[illegible][illegible]

<b>TOTAL</b>				
<b>Average</b>	(A1)		(A2)	

**Total Average (A1 + A2) = \$** \_\_\_\_\_