

Work injury compensation claim form

Important notice

- If we accept this form, this does not mean we are taking legal responsibility for your claim.
- If we ask for any documents as proof or a report, you will have to pay the costs involved in providing them.
- To avoid delay in processing your claim, please send your filled-in form, together with the supporting documents, within 30 days from the date of the event.
- Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

Policy number:	5124999510
Claim number: (For official use)	

Personal details of insured

Name of company SINGAPORE POLYTECHNIC		Nature of business EDUCATION	
Address of company 500 DOVER ROAD SINGAPORE 139651		Total number of employees	
Contact number (Office) 6870 6020	(Home)	Number of workmen	
	(Handphone)		
Is your Company/Business GST registered? NO	GST registration number	UEN Number T08GB0056A	

Personal details of injured worker

Full name of worker (as shown in NRIC/Passport)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC or FIN number	Date of birth(dd/mm/yyyy)
Address			Citizenship	
Occupation	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Date worker joined service (dd/mm/yyyy)	
Is the worker under your direct employment? If not, please give the name and address of his direct employer.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Payee's details

Please tick the claim payment mode.

For payment by direct transfer into your bank account

Full name of payee (as shown in the bank account)	Name of Bank	Bank Account Number
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For payment by cheque in Singapore dollars

Full name of payee (as shown in the bank account)	NRIC, FIN or passport number (as shown in the bank account)
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Accident details (please complete all questions)

Date of accident (dd/mm/yyyy)	Place	Date you were informed of accident (dd/mm/yyyy)	Date of admission (dd/mm/yyyy)
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1. Please give detailed account of the accident.

2. If accident occurred at a project worksite, please report the accident to the Main Contractor & provide us with the following:

(a) Name of the Main Contractor and details of the Project

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1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;
- (c) communicate on purposes relating to an application or policy;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) provide ongoing services and respond to your inquiries or instructions;
- (f) make or obtain payments;
- (g) investigate and settle claims;
- (h) recover any debt owed to us;
- (i) detect and prevent fraud, unlawful or improper activities;
- (j) conduct research and statistical analysis;
- (k) coach employees and monitor for quality assurance;
- (l) reinsure risks and for reinsurance administration;
- (m) comply with all applicable laws, including reporting to regulatory and industry entities; and

2. Disclosure of personal data

We may disclose personal data belonging to you or your insured persons for the purposes set out in Section 1 to these parties:

- (a) your insurance agents, insurance broker, association, employer or group policyholder;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us. But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg. For any request to withdraw your consent, please contact Income Contact Centre at 6788 1777 or email to consentwithdrawal@income.com.sg.

Declaration and authorisation

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the 'Personal data collection statement'. If I provide the personal data of my worker, I represent and warrant that I have obtained the consent of the worker to disclose the personal data to Income and for Income to collect, use, disclose and process the worker's personal data for the purposes of processing this claim and for any reasonable purposes related to this claim. (This statement applies if the employer submits this claim on behalf of its worker).

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,

- a. I authorize any person or organization who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
- b. I authorize Income and its claims service providers to collect, use, disclose and to exchange with the persons or organizations listed above any information (including personal health information).
- c. I am authorized to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Authorised signature & company stamp: _____

Signature of injured worker: _____

Name of authorised signatory: _____

Name of injured worker: _____

NRIC number: _____

NRIC/Fin number: _____

Designation: _____

Date (dd/mm/yyyy): _____

Date (dd/mm/yyyy): _____

Before sending this to us, please make sure you have filled in all the relevant sections related to your claim in full and you have attached the documents we have asked for together with the form. We will process your claim when we receive the full supporting documents. Please send the claim documents to any of our branches. Or, you can give them to your insurance agent, or post them to : Property & Casualty Claims, Income, PO Box 0132, Singapore 911802.

Supporting documents

The below documents which have been **marked** will be enclosed with the claim form.

- Police report/Traffic accident report**
 - Report(s) lodged with Ministry of Manpower**
 - Original medical bills & receipts**
 - Medical leave certificates**
 - Work permit (applicable for foreign workers)**
 - Contract/invoice for the project/works if you are a sub-contractor or are insured under the business policy**
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Please arrange to submit the necessary documents listed above. We also wish to inform you that all necessary documents must be submitted with the claim form to enable your claim to be processed within 14 days. Please note that the list of documents is not exhaustive. Other documents may be requested if necessary.