



WORKPLACE PROTECT

Important Notice

This form is issued without admission of liability under the Policy. If a workplace injury occurs, you must submit this form immediately.

Each question must be answered in full. A failure to comply with this requirement may prejudice any claim you make.

You must immediately send Liberty Specialty Markets (Liberty) any correspondence received from lawyers acting for the injured worker. Further, you must not, make any admission of liability whatsoever.

1. EMPLOYER/POLICYHOLDER'S DETAILS

Policy holder			
Telephone			Fax
Email			Policy number
Are there any other policies that may cover you for this accident?			Yes No
Mode of payment for medical and loss wages:	Cheque	GIRO	
If GIRO, please provide bank details			

2. INJURED WORKER'S DETAILS

Name			
Gender	Male	Female	Date of birth
Citizenship		NRIC/FIN/Passport No.	
Home address			

If worker is a citizen or resident of the United States, is the Worker eligible for US medicare benefits?	Yes	No
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3. EMPLOYMENT DETAILS

Is the injured worker your direct employee?	Yes	No
If no, please provide details of the injured worker's direct employer		

What is the worker's usual occupation?				
Basis of the worker's employment	Full-time	Part-time	Casual	Other
Number of days worked per week	5 days	5.5 days	6 days	Other
When did this worker first commence employment with you?				
Did the worker suffer from any pre-existing injury or disability?				Yes No

Please list the actual monthly earnings of the worker for the 12 months preceding the accident

Month	Gross earnings excluding bonus and overtime	Additional payments/Bonus amounts received
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

4. DETAILS OF THE ACCIDENT

Date	Time	AM	PM
Date the accident was reported to you			
Where did the accident occur?			
How did the accident occur?			
Did any third party cause or contribute to the accident?		Yes	No
If Yes, provide the name and contact details of the third party			
Was any person involved in the accident under the influence of liquor/drugs?		Yes	No
Was the worker injured due to misconduct or a failure to follow instructions?		Yes	No
Name of supervisor	Designation		

5. INJURIES SUSTAINED BY THE WORKER

Please describe the worker's injuries

Date the worker ceased work?

Is the worker still undergoing medical treatment? Yes No

Has the worker returned to work? Yes No

If no, please advise if the worker is on medical leave for more than 30 consecutive days. Yes No

(If Yes, please provide copy of the medical certificate)

6. DECLARATION

I/We (print name in full)

(position)

declare that the information shown on this form is true and correct to the best of my/our knowledge and belief and that I/we have not concealed any information relevant to the reported accident.

Signature and stamp of the policyholder

Date

Please attach a copy of the MOM incident report

RELEASE AND DISCLOSURE OF MEDICAL INFORMATION

To be completed by the injured worker.

For the purposes of this authorisation, a reference to Liberty Specialty Markets ("Liberty") includes its service providers, representatives and agents.

1. I authorise any hospital, doctor, clinic and other healthcare practitioner who has attended upon or examined me for any reason to:
 - a) disclose to Liberty all information with respect to any injury, sickness or treatment (whether the subject of this claim or otherwise); and
 - b) provide to Liberty a copy of any medical reports, hospital/clinical records arising from or associated with any such injury, sickness or treatment.
2. I authorise Liberty to disclose my personal information (including medical reports and hospital/clinical records) to any medical practitioner, legal practitioner and any other service provider, expert or consultant for the purpose of determining and managing my claim.
3. A photostat copy of this authorisation shall be as effective and valid as the original.

Signature of the injured worker

Date

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Liberty Specialty Markets Singapore Pte Limited or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Privacy Notice

Liberty Specialty Markets Singapore Pte Limited (UEN 201538069C) (**Liberty**) is an insurer authorised by the Monetary Authority of Singapore to conduct insurance business in Singapore. It is a member of the United States-based Liberty Mutual Group. Liberty's contact details are:

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