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## SunAlliance Insurance plc. Shanghai Branch Employer's Liability Claim Form

Policy No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Insured \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

### Claim Details

Address of premises or place  
where accident occurred

\_\_\_\_\_

Date and time accident occurred

\_\_\_\_\_

By whom discovered

\_\_\_\_\_

Description of Accident

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) and Address(es) of  
Injured employee

\_\_\_\_\_

Age, Sex and Identity Card  
Number of injured employee  
sustaining injury

\_\_\_\_\_

Name of Employer

\_\_\_\_\_

Occupation

\_\_\_\_\_

Period of Labor Contract

\_\_\_\_\_

Average wages

\_\_\_\_\_

**Nature of Injuries**

\_\_\_\_\_

**Period of disablement**

\_\_\_\_\_

**State through who neglect,  
If any, the accident occurred,  
Please list**

\_\_\_\_\_

**Claim items and amount**

\_\_\_\_\_

**If any other insurance cover  
The loss, please list**

\_\_\_\_\_

\_\_\_\_\_

**Access to Court?                      Yes      ρ                      No      ρ**

**Attention: If a claim in writing has been received, please forward such claim unanswered. If a verbal claim only has been made, give full details.**

**Documentation**

- *Please tick the name of each original document attached to this form.*
- Copy of the policy**
- Chopped claim notice form**
- Written accident report/ Survey Report**
- Witness' testimony in writing**
- Medical invoice, medical records, medical leave certificate, etc**
- Labor contract**
- Police Report (if applicable)**
- Writ, summons, or other court documents (if applicable)**
- Other relevant receipts and documents as required by the claims department**

**Declaration**

I/We declare that the answers given above and overleaf are true and correct and I/we have not withheld any information or details of previous claims or any other material fact likely to affect acceptance of this claim.

*Signature of Claimant* \_\_\_\_\_ *Date*      /      /