

**Public Utilities Board (PUB)
Blanket Insurance Scheme**

**Claims Procedure for
(A) Contractors' All Risks Insurance
(B) Work Injury Compensation Insurance**

Introduction

This Claims Procedure is drawn up for the benefit of Contractors of PUB Blanket Insurance Scheme.

The objective of this procedure is to ensure the efficient handling of claims under

- (A) Contractors' All Risks Insurance Policy
- (B) Work Injury Compensation Policy

arranged by Public Utilities Board (hereinafter referred to as PUB).

It is in your interest to adhere to the Claims Handling Procedure at all times.

Please read the Terms and Conditions of the Policy to ensure you understand the Policy Cover.

(A) CONTRACTORS' ALL RISKS CLAIMS PROCEDURE

Section 1 – Builders' Risks Claims

The Adjuster appointed by Insurers to handle the Contractors' All Risks claims is Insight Adjusters & Surveyors Pte Ltd.

Notification to the Adjuster will constitute notification to Insurers. No separate notification by the Insured is required. The Adjuster will advise the Insurers concerned.

1. Notify the police if a law may have been broken.
2. Give prompt notice (in the format provided in Page 6 of this procedure) to the Adjuster of the direct physical loss or damage via fax followed by mail. Include a description of the property involved. In the event of urgent remedial steps being required, the Adjuster should be contacted by telephone in order to prevent any later disagreement on the Insured's entitlement to payment under the policy.
3. Provide the Adjuster with a description of how, when, and where the direct physical loss or damage occurred.
4. Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. Also, if feasible, set the damaged property aside and in the best possible order for examination.
5. Take photographs of the damaged property.
6. As often as may be reasonably required, permit the Adjuster to inspect the property proving the loss or damage and examine your books and records.
7. Also, permit the Adjuster to take samples of damaged and undamaged property for inspection, testing and analysis, and permit them to make copies from your books and records.
8. Separate readily identifiable records should be kept in respect of all labour, plant and material costs incurred.
9. Cooperate with the Adjuster in the investigation and settlement of the claim.

Section 2 – Third Party Liability Claims

1. Immediately report any incident, occurrence or event, injury or illness in the prescribed format (found in Page 6 of this procedure) to the Adjuster.
2. Any writ, summons or notice of other legal proceedings received must be immediately forwarded unanswered to the Adjuster.
3. All correspondence received should be forwarded to the Adjuster unanswered.

If you are aware of any incident, occurrence or event at the time it happens, you should take the following steps:

1. Write down the name, address and telephone number of any witnesses. If possible, obtain written statements.
2. Take photographs, if possible, and/or make practical diagrams.
3. Safeguard any physical evidence until the appropriate authority has examined it – Police, Adjuster, legal advisers, etc.

DO NOT ADMIT LIABILITY, OFFER PAYMENT, MAKE PAYMENT – NO MATTER HOW INSIGNIFICANT THE AMOUNT – OR IMPLY THAT YOUR INSURERS WILL MAKE PAYMENT IN COMPENSATION.

Contact Details

Insurer

India International Insurance Pte Ltd

64 Cecil Street
 #04 / #05 IOB Building
 Singapore 049 711
 Tel : (+65) 6347 6100 Facsimile : (+65) 6224 4174

Contact Persons

Mr Jackson Yeo
 DID : (65) 6347 4846
 Email : Jackson@iii.com.sg

Appointed Loss Adjuster

Insight Adjusters And Surveyors Pte Ltd

133 Cecil Street
 #14-02 Keck Seng Tower
 Singapore 069535
 Tel : 65 6223 2008
 Fax : 65 6226 2356

Contact Persons

Mr Jordan Chua	Mobile : 9798 2122 Email : jordanchua@insightadjusters.com
Mr Woo Weng Seng	Mobile : 9227 2137 Email : woowengseng@insightadjusters.com

Insurance Broker and Advisor to Public Utilities Board

Jardine Lloyd Thompson Pte Ltd

138 Market Street
 #07-01 CapitaGreen
 Singapore 048946
 Tel : (65) 6333 6311
 Fax : (65) 6333 6511

Contact Persons

Margaret Ling
 Jabril Toh

Direct Line

(65) 6411 9231 (Claims Servicing)
 (65) 6411 9206 (Account Servicing)

Email

Margaret_Ling@jltasia.com
 Jabril_To@jltasia.com

(B) WORK INJURY COMPENSATION CLAIM PROCEDURE

1. In the event of any injury or death, the Insured shall :
 - (a) immediately inform the Insurer by completing and submitting the Work Injury Compensation Incident Report Form (provided in Page 9 of this procedure) to them via fax followed by mail. Insurer will investigate the circumstances of the incident and deal with any claims made against the Insured
 - (b) comply with the statutory obligations which require notification within the following Reporting timeline to the Commissioner of Labour at the Ministry of Manpower :
 - Where the accident results in death of an employee Within 10 days of occurrence
 - Where the accident results in any incapacity that renders the employee unfit for work for more than 3 days (consecutive or otherwise), or is admitted in a hospital for at least 24 hours Within 10 days of occurrence

Insured to submit claim to MOM through iReport system – website : www.mom.gov.sg/iReport.
 - (c) complete Insurer's Claim Form and submit it to Insurer together with a copy of MOM's iReport.
2. In the event the injured workman is claiming for permanent incapacity under the Work Injury Compensation Act, Insured is to send all relevant documents inclusive of medical reports directly to Ministry of Manpower's Office to enable them to assess the amount of compensation under the Act. The original medical bills/receipts and original medical certificates however, should be forwarded to Insurer to process payment.
3. Upon Insured's receipt of the Notice of Assessment from the Ministry of Manpower, Insured to check records and verify amount assessed is correct. Should there be any dispute, Insured/injured workman is to notify Ministry of Manpower and Insurer within 14 days from the date of service of Notice of Assessment. Otherwise, Assessment Notice will be processed by the Insurer for payment.
4. Should the injured workman or dependents wish to or opt to file for Common Law Claim against the Employer,
 - (a) Insured to ensure that no admission of liability or responsibility for the accident is made
 - (b) Any correspondence, demand or indication for compensation received from the injured workman or his/her representative/lawyer are to be forwarded immediately unanswered to Insurer for their appropriate response.

Contact Details

Insurer

India International Insurance Pte Ltd

64 Cecil Street
 #04 / #05 IOB Building
 Singapore 049 711
 Tel : (+65) 6347 6100 Facsimile : (+65) 6224 4174

Contact Person

Ms Kathryn Wong
 DID : (65) 6347 6136
 Email : kathrynwong@iii.com.sg

Insurance Broker and Advisor to Public Utilities Board

Jardine Lloyd Thompson Pte Ltd

138 Market Street
 #07-01 CapitaGreen
 Singapore 048946
 Tel : (65) 6333 6311
 Fax : (65) 6333 6511

Contact Persons	Direct Line	Email
Jenny Yong	(65) 6411 9275 (Claims Servicing)	Jenny_Yong@jltasia.com
Jabril Toh	(65) 6411 9206 (Account Servicing)	Jabril_Toh@jltasia.com

PUB Blanket Insurance Scheme (BIS) Work Injury Compensation Notification Form (Projects commencing 1 April 2016)	
Name of Main Contractor: Name of Direct Employer / Sub-Contractor :	
Main Contractor's Ref No:	Claims Reference No: (This box is for Insurer/PUB only)
Contract Title : Letter of Award Ref No : Policy No : W019691/_____	Claims Officer: Mr/Ms
Date/Time of Accident: Exact location of Accident:	Site Phone No: Site Fax No:
Name of Injured Workman & Description of Injury:	
Brief Description of Incident (Attach sketch or drawing as necessary):	
(This box is for Main Contractor)	
Sign & Stamp: Name: Date:	
(This box is for the acknowledgement of Insurer)	
Sign & Stamp: Name: Date: Designation: Contact No.	

This Form should be immediately faxed to India International Insurance Pte Ltd (III) at:

Facsimile No. (+65) 6224 4174

Phone No. (+65) 6347 6100

Important Note:

Insured to submit to III a completed Workmen Injury Compensation Claim Form (WICCF) with following documents attached following the claim notification :

- (i) Ministry of Manpower iReport / Notice of Accident
- (ii) A copy of Work Permit (if applicable)
- (iii) A copy of the Contract Agreements (if the injured worker is not directly employed by Insured)
- (iv) A copy of the direct employer's Workmen's Compensation Insurance Policy (if such insurance is taken up separately by the direct employer)
- (v) Original medical bills/invoices, medical certificates and copy of Inpatient Discharge Summary (if injured worker was hospitalised)
- (vi) Injured worker's pay slips for 12 months prior to the accident and during the period of his medical leave