



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Claim Hotline: (65) 6827 7660 (24 hours)
Claim Email: claims@sg.msig-asia.com
Co. Reg. No. 200412212G

Liability Claim Form

Policy Number	A 29128347 PLY
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Please note that this form is issued without admission of liability . Please state all relevant information requested as completely and as accurately as possible.

Particulars of Insured (Company / Individual)			
Name of Insured (As in NRIC/Passport)* PARALLAX COLLECTIVE PTE LTD		GST Registration Number* 201722317K	
Business / Home Address* 81 Ubi Ave 4, UB One, #05-12, Singapore 408830		Effective Date of Registration* (dd/mm/yyyy) 07/08/2017	
Contact Person* Chris Kiong / Tan Ming Hui		Business / Occupation Media	
Contact Number (H) 92318686 / 96345439	(O) -	(HP) -	Email chris@parallaxcollective.com ; ming@parallaxcollective.com
+ If applicable * Delete if applicable			
Details of Accident			
Date of Accident (dd/mm/yyyy) 23/04/2023	Time of Accident 02:37	am <input checked="" type="checkbox"/> pm	Place of Accident 81 Ubi Ave 4, UB One, Singapore 408830
When and by whom was it first notified to you? Building Management (Security) MCST			
State fully what happened Our tentage on our balcony had been blown off by wind, despite it being secured by a rope to a bench, and had damaged a tenants vehicle below. As this incident occurred on a weekend, there was nobody occupying the office at the time. We have CCTV evidence proving the above. As such, we determine this as a force majeure event / act of god.			
Name and Contact Number of person who witnessed this accident Owner of the Damaged Vehicle: Dylan Tan +65 97957366			
Which of these witnesses are in your employ? N/A			
If a Police Report was made, please state Name of Police Station and Report Number (please provide a copy of Police Report): N/A			
Details of Property Damage / Injury to Third Party			
Name and Address of Third Party Dylan Tan: 81 Ubi Ave 4, UB One, #01-13, Singapore 408830			
Occupation / Business of Third Party Car Dealership			
Details of damage to Third Party property Exterior Vehicle Body Damage.			
Details of Third Party injuries N/A			
Is the Injured Person your sub-contractor's employee? Yes <input checked="" type="checkbox"/> No If Yes, please provide a copy of the Contract Agreement			
Is the Third Party your tenant? Yes <input checked="" type="checkbox"/> No If Yes, please state nature of tenancy and date of commencement (please provide copy of the Tenancy Agreement)			
Have you received notice of claim from any Third Party? Yes <input checked="" type="checkbox"/> No If Yes, please give particulars and enclose all correspondence / documents that you have received			

Other Information

Did the accident arise from negligence of your employee? Yes ☒ No
Please state reason:

What act of negligence is alleged against the employee?
N/A

In what aspect was the accident contributed to or caused by negligence on the part of the Third Party?
N/A

Why was the Third Party at the place of accident?
Vehicle was parked outside their unit at Level 1.

If the accident was attributed to defect in your premises, please state nature of defect
N/A

Were you aware of the defect before the accident? Yes ☒ No
If Yes, please state action taken to remedy such defect:



Is the accident the first occurrence of this nature? ☒ Yes No
If No, please give details of previous occurrences:

Was the premise tenanted at the time of accident? ☒ Yes No
If Yes, please provide copy of the Tenancy Agreement

What are the preventive measures taken after the incident?
Although the tentage was secured by a rope - we have since removed any potential items/materials that could be blown away by the wind.

OTHER INSURANCE OR COMPENSATION

Is there any other Liability insurance covering this accident? Yes ☒ No
If Yes, please state Name of Insurance Company and Policy Number:

Mode of Payment (if applicable)			
My preferred way to receive payment is:			
<input checked="" type="checkbox"/> PayNow			
Name of Account Holder PARALLAX COLLECTIVE PTE LTD		NRIC / FIN / UEN Number 201722317K	
Credit to my Bank Account			
Name of Account Holder (as in Bank Account)		NRIC / FIN / UEN Number	
Bank Name	Bank Code	Branch Code	Bank Account Number (Please key in numbers only and omit any dashes '-')
By Cheque			
Name of Payee PARALLAX COLLECTIVE PTE LTD			
Declaration			
Please note that you are submitting this claim to MSIG Insurance (Singapore) Pte. Ltd. Please see our full Terms of Use and Privacy & Cookies Policy on our website www.msig.com.sg .			
By submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim. We may also share your personal data with other Insurers and the General Insurance Association of Singapore (as well as their Third Party service providers) as part of the industry's efforts for proper underwriting and proper administration of claims. This may include sharing the personal data for investigating fraud, exaggerated claims, and other criminal or improper acts.			
I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and the Insurer may refuse to pay the claim.			
<div>DocuSigned by:  09EA4799E0004D9...</div>		<div></div>	
Signature of Insured		Company's Stamp (if applicable)	
Tan Ming Hui		4/23/2023	
Name		Date	