



WINDSCREEN CLAIM FORM

Please note that this form is issued without admission of liability. Please state all relevant information requested as completely and accurately as possible. Please tick where applicable.

PARTICULARS OF INSURED VEHICLE

Registration No _____ Make / Model _____

PARTICULARS OF INSURED (COMPANY / INDIVIDUAL)

Name _____ Policy No _____

NRIC/Passport/ Business Registration No* _____ GST Registration No* _____

Occupation/Business _____ Effective Date of Registration* _____

Business/Home Address* _____ Postal Code _____

Tel _____ (H) _____ (O) _____ (Hp)

DETAILS OF DRIVER

Name (As in NRIC/Passport) Mr/Mrs/Ms/Mdm/Dr* _____

NRIC/Passport No _____ Date of Birth _____ (dd/mm/yyyy)

Occupation _____ Gender Male Female

Residential Address _____ Postal Code _____

Tel _____ (H) _____ (O) _____ (Hp)

Was the driver licensed to drive the vehicle? Yes No Licence No _____

Years of driver's driving experience _____ Class of Licence _____

* Delete if not applicable *If applicable

DETAILS OF CLAIM

ACCIDENT

Date _____ Time _____ am/pm* Place _____

State fully what happened _____

DAMAGE TO INSURED VEHICLE

Extent of damage _____

Repairer's Name/Address _____

Contact No _____ Estimated Repair Costs _____

POLICE ACTION (Please provide a copy of the report)

Was the accident/incident reported to the Police? Yes No If Yes, which police station _____

DECLARATION

I declare that the information given is true and correct to the best of my knowledge and belief. I 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.

Signature of Insured _____ Signature of Driver _____

NRIC No or Company Stamp _____ NRIC No _____

Date _____ Date _____