

Windscreen Claim Form

We are sorry to hear of the damage to your windscreen. In order for us to consider your claim, please complete this form and submit it together with supporting documents within fourteen (14) days from the date of occurrence. Thank you.

| | |
|--------------------------|--|
| Documents needed: | - Police report and findings (if any) |
| | - Clear copy of the driver's driving licence (both sides) |

1. Policyholder's Details

* To delete appropriately

| | | |
|--|---------------------|----------------------|
| Name (as in NRIC/Passport): <i>Mr/Miss/Mrs/Mdm/Dr*</i> | Policy number: | Period of insurance: |
| Car registration number: | Car make and model: | |

2. Driver's Details

| | |
|--|-----------------------|
| Name (as in NRIC/Passport): <i>Mr/Miss/Mrs/Mdm/Dr*</i> | NRIC/Passport number: |
| Residential address: | Occupation: |
| Email address: | Contact Nos: (O/H/HP) |

3. Accident Details

| | |
|---|----------------------|
| Date of occurrence (dd/mm/yyyy): | Place of occurrence: |
| Time of occurrence: am/pm* | |
| Please describe to us how the accident happened and which windscreen and/or window(s) is/are damaged: | |
| | |

4. Declaration

I declare that all the particulars given by me in this form are true and correct. I agree that the Policy may be cancelled and I shall forfeit all rights to recover if I have made or were to make any false or fraudulent statements, or have withheld material facts in respect of this claim.

Date and Time

Signature of Policyholder/Driver*

5. For Workshop's Completion

Report taken by: _____

Date and Time: _____

Workshop name and address: _____