

WINDSCREEN CLAIM FORM

Policy Number:	
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Important Notice:

- Please complete this form and submit it with the supporting documents within 14 days from the date of the event to avoid delay in processing your claim.
- If we ask for any documents or report, you will have to pay the costs of obtaining them.
- Where applicable, all documents must be translated into English by a certified translator.
- If we accept this form, it does not mean we are taking legal responsibility for your claim.

Personal Details of Policyholder

Name (as shown in NRIC, FIN or Passport):	NRIC, FIN or Passport Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Car Registration Number	Car Make and Model	

Personal Details of Driver

Name (as shown in NRIC, FIN or Passport)	NRIC, FIN or Passport Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	Occupation	
Contact Number (Mobile) (Home) (Office)	Email	

Details of Accident

Date of Occurrence (dd/mm/yyyy)	Time of Occurrence <input type="checkbox"/> AM <input type="checkbox"/> PM	Place of Occurrence
Description of accident happened and which is/are the window(s) and/or windscreen damaged		

List of Supporting Documents

- Clear copy of driver's driving licence (both sides)
- Police report and findings (if any)
- Photographs of damaged windscreen
- Quotation from workshop on repairs/replacement works

Declaration

1. I declare that the information given on this form is to the best of my knowledge and belief, true, correct and complete.
2. I understand that my claim may be rejected or my policy may be treated as void, if I have made any false or fraudulent statement or deliberately left out any relevant information, relating to the incident(s) on this form or in any document provided.
3. In connection with the claim(s) submitted in this form, I give consent for DirectAsia and this respective representatives to collect, use, store, transfer and/or disclose my personal data and other information on this form and in any document provided (including that provided by sources other than myself) concerning me, to or with such persons (including any member of DirectAsia or any third party service providers, intermediaries and/or business partners of DirectAsia, and whether in or outside Singapore) for purposes which includes enabling DirectAsia to provide me with the services required of an insurance provider, including the evaluating, processing, administering and/or managing of my/our policy/policies, account(s), and/or claim(s) with DirectAsia (as the case may be), and for other purposes and uses set out in DirectAsia's Privacy Policy which can be found at www.directasia.com/security-privacy, which I have read and accepted the terms thereof.

<p>_____ Signature of Policyholder Company's stamp (if applicable)</p>	<p>_____ Signature of Driver (If the Insured/Claimant is not the Policyholder)</p>
<p>_____ Date</p>	<p>_____ Date</p>

For Workshop's Completion

Report Taken by	
Date (dd/mm/yyyy)	Time (am/pm)
Workshop Name and Address	