

WINDSCREEN/PARKED DAMAGED CLAIM FORM

Section A – Details of Policy	
Policy Number	
Insurance Period	
Vehicle Number	
Year of Manufacture	
Make & Model	
Name of Insured	
Are you GST registered ? Yes / No If yes, GST registration no. _____	
Section B – Particulars of driver	
Name	
NRIC Number	
Address	
Occupation	
Contact Number	
Section C - Brief Statement of Circumstances (please tick (✓) where applicable)	
Date of accident	
Time	
<u>Place :</u> <u>Situation :</u> <input type="checkbox"/> car park <input type="checkbox"/> on the road <input type="checkbox"/> on the highway <input type="checkbox"/> others: _____ _____ _____	<u>Nature of Damage</u> <input type="checkbox"/> Hit by stone while driving <input type="checkbox"/> Hit by unknown object while driving <input type="checkbox"/> Parked & found damage <input type="checkbox"/> <u>Accident</u> <input type="checkbox"/> Hit against building/property/vehicle <input type="checkbox"/> Hit by vehicle no. _____ <input type="checkbox"/> <u>Vandalism</u> <input type="checkbox"/> Police Report attached
<u>Description of damage</u> <input type="checkbox"/> Windscreen front <input type="checkbox"/> Wind screen rear <input type="checkbox"/> Door glass front <input type="checkbox"/> Door glass rear	<u>Condition of Damage</u> <input type="checkbox"/> Shattered or Broken <input type="checkbox"/> Cracked <input type="checkbox"/> Scratched <input type="checkbox"/> Chipped
Section D – Declaration By Policyholder	
<input type="checkbox"/> I declare that the above information given in this form are accurate and true. <input type="checkbox"/> I understand that my claim may be rejected if any relevant information given is later proven false or intentionally omitted by me.	
..... Name of Insured Signature
..... Company's Stamp (if applicable)	
Section E – For Office Use Only	
Windscreen Limit	
Excess amount	
Remarks	