

## WINDSCREEN/PARKED DAMAGE CLAIM FORM

Details of Policy	
Policy Number:	Vehicle Number:
Insured Name:	Make & Model:
Insurance Period:	Year of Manufactured:

Particulars of driver who last drove the vehicle		
Name:	NRIC Number:	Occupation:
Address:	Authorization to drive vehicle by owner: Yes / No	
Email Address:	Contact Number:	

Brief Statement of Circumstances	
Date:	Location:
Time:	
<b>Nature of Damage:</b> <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"/> Hit against building/property/vehicle <input type="checkbox"/> Hit by vehicle no. _____ <input type="checkbox"/> Vandalism	
<b>Please attach copy of Police report lodged</b>	
Description of Damage:	Condition of Damage:
<input type="checkbox"/> Windscreen front <input type="checkbox"/> Windscreen rear <input type="checkbox"/> Door glass front <input type="checkbox"/> Door glass rear <input type="checkbox"/> Others	<input type="checkbox"/> Shattered or Broken <input type="checkbox"/> Cracked <input type="checkbox"/> Scratched <input type="checkbox"/> Chipped

I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date/Company's Stamp