

Please complete all sections to facilitate the processing of your application. This form is issued without admission of liability and it must be completed and returned to us immediately, whether or not a claim is made. Any documentary proof or report required by liberty shall be furnished at the expense of Policyholder or Claimant.

Details of Policy

Name of Insured:		Policy No.:
Make & Model:	Vehicle No.:	Year of Manufacture:
Period of Insurance: From _____ To _____		

Particulars of Driver Who Last Drove the Vehicle (if different from Policyholder)

Name of Driver:		NRIC/FIN No.:
Mailing Address:		
		Postal Code ()
Occupation:	Contact No.:	Authorized to drive vehicle by owner: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:		

Brief Statement of Circumstances

Date:	Time:	Location:
Nature of Damage:		
<input type="checkbox"/> Hit against building/property/vehicle	<input type="checkbox"/> Hit by stone while driving	<input type="checkbox"/> Hit by Vehicle No. _____
<input type="checkbox"/> Hit by unknown object while driving	<input type="checkbox"/> Parked & found damage	<input type="checkbox"/> Vandalism
Please attach a copy of Police report lodged.		
Description of Damage:		
<input type="checkbox"/> Door glass front	<input type="checkbox"/> Door glass rear	<input type="checkbox"/> Windscreen front
<input type="checkbox"/> Windscreen rear	<input type="checkbox"/> Others	
Condition of Damage:		
<input type="checkbox"/> Cracked	<input type="checkbox"/> Chipped	<input type="checkbox"/> Scratched
<input type="checkbox"/> Shattered or Broken		

Windscreen/Parked Damage

I agree to hold Liberty Insurance Pte Ltd harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given above.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

DECLARATION

- 1) 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 exaggerated the claim 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. I understand Liberty Insurance reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.

I authorize the release of any medical information necessary to process this claim.

Date

Signature of Owner &
Company Stamp (if applicable)

Date

Signature of Driver &
Company Stamp (if applicable)