

Claim Form – Windscreen/Parked Damage

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 Policyholder: _____ | | 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.: _____ | Authorised to drive vehicle by owner: _____ |
| Email: _____ | | |

Brief Statement of Circumstances

| | | |
|---|-------------------------------|--|
| Date: _____ | Time: _____ | Location: _____ |
| Nature of Damage (please attach a copy of police report lodged): _____ | | Please enter the vehicle no. if you choose "Hit by Vehicle" under Nature of Damage: _____ |
| Description of Damage: _____ | Condition of Damage: _____ | |

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Bank Account Information for Electronic Transfer

| | | |
|-------------------|------------------------------|--------------|
| Name of Bank: | Bank Code: | Branch Code: |
| <hr/> | <hr/> | <hr/> |
| Bank Account No.: | Name of Bank Account Holder: | |
| <hr/> | <hr/> | |

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.

DECLARATION

- a) 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.
- b) I authorise the release of any medical information necessary to process this claim.
- c) I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at www.libertyinsurance.com.sg/data-protection-policy, both now & in advance as it may be amended from time to time.

Date

Signature of Owner
(Company stamp, if applicable)

Date

Signature of Driver
(Company stamp, if applicable)

