



# WINDSCREEN CLAIM FORM

NAME OF INSURED : \_\_\_\_\_

NAME OF DRIVER : \_\_\_\_\_

DATE OF BIRTH OF DRIVER : \_\_\_\_\_ DD / MM / YYYY

DATE OF DRIVING PASS : \_\_\_\_\_ DD / MM / YYYY

DRIVING EXPERIENCE : \_\_\_\_\_ *Years And Months*

POLICY NO. : \_\_\_\_\_

VEHICLE NO. : \_\_\_\_\_

PURPOSE OF USE : \_\_\_\_\_

DATE OF INCIDENT : \_\_\_\_\_ DD / MM / YYYY

PLACE OF INCIDENT : \_\_\_\_\_

DESCRIPTION OF INCIDENT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare and acknowledge that:

- (i) all information given in this form is true and correct to the best of my knowledge and belief;
- (ii) I have not concealed or suppressed any material fact or made any false statement in relation to the claim; and
- (iii) I acknowledge and consent to Allied World collecting, using, disclosing and processing my personal data for the purposes of managing and administering my claim including disclosing my personal data to third party service providers within or outside Singapore in accordance with the Allied World Singapore Personal Data Protection Policy available at <https://www.awac.com/asiapacretail>

Signature: .....

Name: .....

Date: .....

(Note: In case of company's vehicle, signature to be authenticated by the Company's stamp)