ALLIED WORLD
A FAIRFAX Company

WINDSCREEN CLAIM FORM

SECTION I – PARTICULARS OF POLICYHOLDER/INSURED/DRIVER

1. Name of Insured: _____
2. Name of Driver: _____
3. Date of Birth of Driver: DD MM YYYY
4. Date of Driving Pass: DD MM YYYY
5. Driving Experience: _____ Years and _____ Months
6. Policy No.: _____
7. Vehicle No.: _____
8. Purpose of Use: _____
9. Date of Incident: DD MM YYYY
10. Place of Incident: _____
11. Description of Incident:

ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)
incorporated in Bermuda with limited liability

UEN NO. T09FC0142D

2 Central Boulevard
West Tower #36-01
IOI Central Boulevard Towers
Singapore 018916

T. +65 6220 1188
E. sg.customerservice@awac.com
awac.com

SECTION II – IMPORTANT NOTICE

1. The issue and acceptance of this form is without prejudice to the terms and conditions of the policy and is not an admission by Allied World Assurance Company, Ltd (Singapore Branch) (collectively with its affiliates "Allied World") of the claim (whether in whole or in part). It should also not be regarded as a waiver by Allied World of any breach by the policyholder or insured of the policy terms and conditions.
2. To facilitate the processing of the claim, please complete this form as fully and accurately as possible, and return the completed form to Allied World without delay.
3. The information and documents requested in this form are preliminary only. Further information and documents may be required. Allied World may also request for sight of original documents.
4. The policyholder and insured must not admit liability, negotiate or settle any third-party claims without the prior written consent of Allied World.
5. Any communication that the policyholder or insured receives regarding the accident should be sent to Allied World immediately (UNANSWERED).

SECTION III – DECLARATION, AUTHORISATION & PERSONAL DATA CONSENT

Declaration

I/We:

(i) confirm that I am/we are the policyholder and/or insured;

(ii) declare, to the best of my/our knowledge and belief, and warrant that:

   a. all information in this form is true, correct and accurate in every detail; and

   b. I/We have not withheld, concealed or suppressed any material information or made a false statement in relation to the claim;

(iii) further agree and undertake that I/we shall not, subsequent to our submission of this form, make any false statement or conceal or suppress any material fact relating to the claim.

Personal Data Consent

I/We acknowledge and consent to Allied World collecting, using, disclosing and processing my/our personal data, including disclosing my/our personal data to third party service providers within or outside Singapore, for the purposes set out in and in accordance with the Allied World Singapore Personal Data Protection Statement available at https://alliedworldinsurance.com/singapore/. If I/we have provided or will provide information to Allied World about any other individuals, I/we confirm that I/we are authorised to disclose his or her personal data and also give this consent on both my/our and their behalf.

Signature of Policyholder / Insured / Date and Company's stamp, if applicable	Signature of Insured Person / Date (18 years old and above)

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