

Windscreen Claim Form

Policy Number	
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Please note that this form is issued without admission of liability. Please state all relevant information requested as complete and as accurate as possible.

Particulars of Insured Vehicle

Registration No	Make/Model
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Particulars of Insured (Company / Individual)

Name of Insured (As in NRIC/Passport)		GST Registration Number+
Business / Home Address*		Effective Date of Registration+ (dd/mm/yyyy)
Contact Person	NRIC / Passport / Registration No+	Business / Occupation
Contact Number (H)	(O)	(HP)
+ If applicable * Delete if not applicable		Email

Particulars of Driver

Name of Driver (As in NRIC/Passport)		NRIC / Passport No
Residential Address		Date of Birth
Contact Number (H)	(O)	(HP)
Business / Occupation	Licence No	Class of Licence
		Years of driving experience

Details of Occurrence

Date of Occurrence (dd/mm/yyyy)	Time of Occurrence <input type="checkbox"/> am <input type="checkbox"/> pm	Place of Occurrence
Nature of loss / damage		
State fully what happened		
If a Police Report was made, please state Name of Police Station and Report Number (Please provide a copy of the report)		

Supporting Documents

1. Photographs of the damaged vehicle before repairs	2. Quotation of repair costs
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Declaration

I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and we shall forfeit our rights to claim under the policy.

I/We hereby authorize MSIG Insurance (Singapore) Pte Ltd., if it decides to accept liability for this claim to seek the most suitable means to replace the windscreen speedily and satisfactorily, including the right to arrange for the windscreen to be replaced at another workshop.

Signature of Insured / Driver*	Company's Stamp (If applicable)
Name and Designation	Date