

## Windscreen Claim Form

<b>Policy Number</b>	
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Please note that this form is issued without admission of liability. Please state all relevant information requested as completely and as accurately 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)
Email		

+ If applicable \* Delete if not applicable

### Particulars of Driver

Name of Driver (As in NRIC/Passport)		NRIC / Passport No
Residential Address		Date of Birth
Contact Number (H)	(O)	(HP)
Email		
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

Please note that you are submitting this claim to MSIG Insurance (Singapore) Pte. Ltd. Please see our full Terms of Use and Privacy & Cookies Policy on our website [www.msig.com.sg](http://www.msig.com.sg).

By submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim. We may also share your personal data with other Insurers and the General Insurance Association of Singapore (as well as their Third Party service providers) as part of the industry's efforts for proper underwriting and proper administration of claims. This may include sharing the personal data for investigating fraud, exaggerated claims, and other criminal or improper acts.

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 the Insurer may refuse to pay the claim.

Signature of Insured / Driver\*

Company's Stamp (If applicable)

Name and Designation

Date