HL Assurance

Windscreen Claim Form

The acceptance of this Form is NOT an admission of liability on the part of HL Assurance Pte. Ltd. Any documentary proof or report required by HL Assurance Pte. Ltd. shall be furnished at the expense of the Policyholder or Claimant.

PARTICULARS OF POLICYHOLDER / INSURED (COMPANY / INDIVIDUAL)		
Name (as in NRIC/Passport)	Insurance Policy No.	Period of Insurance
	Tel No.	H/p No.
	E-mail	Name of Intermediary (if any)
Address	NRIC/Passport No.	Business/Occupation
	GST Registration No. (if any)	

PARTICULARS OF INSURED VEHICLE		
Registration No.	Make & Model	Year of Manufactured
State purpose for which the vehicle was being used at the time of accident		Was the vehicle let out on hire or used for carrying of goods or passenger or for hire or reward? Yes No

PARTICULARS OF DRIVER			
Name of Driver (as in NRIC/Passport)			NRIC/Passport No.
Address			Date of Birth
Tel No. (Residence/Office)	H/p No.	E-mail	Was vehicle driven with the knowledge and consent of insured? Yes No
Business/Occupation	Licence No.	Year(s) of Driving Experience	Relationship with Policyholder/Insured

DETAILS OF OCCURRENCE		
Date	Time	Place
Describe exactly how the accident /loss occurred.		
Details of previous windscreen damage claim within the last 6 months of this accident.		

*I/We do solemnly and sincerely 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 HL Assurance 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.

Date _____ Name of Insured/driver _____ Signature of Insured/driver _____
(Please affix company stamp if applicable)