

Windscreen Damage Claim Form

Name of Policyholder	
How do you want us to address you?	
Insured Vehicle Reg. Number	
Date of accident	
Location of accident	
Please give us a brief on how the Windscreen was damage?	
Which portion of the glass? (please tick)	
<input type="checkbox"/> Front Windscreen <input type="checkbox"/> Rear Windscreen <input type="checkbox"/> Door Glass Front Left	
<input type="checkbox"/> Door Glass Front Right <input type="checkbox"/> Door Glass Rear Left <input type="checkbox"/> Door Glass Rear Right	
Declaration	
<p>1) I understand that my claim may be rejected if any relevant information given is later proven false or intentionally omitted by me. I solemnly declare that to the best of my knowledge and belief the foregoing particulars are true and correct in every aspect.</p> <p>2) I further declared that the information written in this claim form or held by FWD Singapore Pte Ltd whether contained in my insurance application or otherwise obtained may be used and disclosed to your authorised staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my claim. I understand my data that may also be used for audit, business analysis and reinsurance purposes.</p> <p><input type="checkbox"/> By checking this box on this claim form including the uploading of my document(s), it will signify my agreement.</p>	
_____ Signature	_____ Date (DD/MM/YYYY)
Name of Policyholder/ : Authorized Driver	
I/C No. :	
Contact No. :	