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Reg. No. 199002791D | GST Reg. No. M2-0093571-3

www.libertyinsurance.com.sg

## Claims Form - Windscreen/Parked Damage

Please complete all sections to facilitate the processing of your application. This form is issued without admission of liability and it must be completed and returned to us immediately, whether or not a claim is made. Any documentary proof or report required by Liberty shall be furnished at the expense of Policyholder or Claimant.

Details of Policy		
Name of Policyholder:		Policy No.:
Make & Model:	Vehicle No.:	Year of Manufacture:
Period of Insurance:		
From	То	
	st Drove the Vehicle (if different fro	om Policyholder)
Name of Driver:		NRIC/FIN No.:
Mailing Address:		
		Postal Code ( )
Occupation:	Contact No.:	Authorised to drive vehicle by owner:
Email:		
Brief Statement of Circumsta	ances	
Date:	Time:	Location:
Nature of Damage (please attack	n a copy of police report lodged):	Please enter the vehicle no. if you choose "Hit by Vehicle" under Nature of Damage:
Description of Damage:	Condition of Damage:	



## Claims Form - Windscreen/Parked Damage

## **Bank Account Information for Electronic Transfer**

Name o	of Bank:	Bank Code:		Branch Code:
Bank Account No.:		Name of Bank Account Holder:		
	ayment to the bank and bank acc		nd finally disc	charged of its obligations once it has
a) b) c)	I declare that I have complied we caused the said loss or damage misrepresentation and that the information relating to this clair proven false or intentionally om I authorise the release of any many I/We have read & agreed entire	e or exaggerated the claim or s information shown on this For m. I understand Liberty Insurar nitted by me. nedical information necessary t ly to all terms in Liberty's Data	sought unjus rm is true and nce reserves to process th Protection P	the right to repudiate the claim if it is late
Date				Signature of Owner (Company stamp, if applicable)



Signature of Driver

(Company stamp, if applicable)

Date