



**GREAT AMERICAN INSURANCE COMPANY**

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# WINDSCREEN CLAIM FORM

## POLICYHOLDER INFORMATION

1. Name of Policy Holder / Company Name	2. Policy Number / Period of Insurance
3. Vehicle Number / Make & Model	4. Contact Number

## DRIVER'S PARTICULARS

5. Full Name (as shown in NRIC/Passport)	6. NRIC/Fin Number	7. Contact Number
8. Address	9. Date of Birth	
10. Occupation	11. Driver's license issue date	

## ACCIDENT DETAILS

12. Date of Accident (DD/MM/YYYY)	13. Time of Accident	14. Accident Location
<p><b><u>Circumstance</u></b></p> <p><input type="checkbox"/> Hit by stone while driving <input type="checkbox"/> Hit by unknown object while driving <input type="checkbox"/> Parked &amp; found damage <input type="checkbox"/> Others _____</p> <p><b><u>Condition</u></b></p> <p><input type="checkbox"/> Shattered <input type="checkbox"/> Cracked <input type="checkbox"/> Scratched <input type="checkbox"/> Chipped</p> <p><b><u>Description</u></b></p> <p><input type="checkbox"/> Front panel <input type="checkbox"/> Rear panel <input type="checkbox"/> Side panel front (Left / Right) <input type="checkbox"/> Rear panel front (Left / Right)</p>		

## DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I/We consent to the collection, use, disclosure of and/or process my/our personal data (whether contained in the Claim Form or otherwise obtained) by Great American Insurance Company, Singapore Branch, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me/us by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my/our telephone number(s) in the Singapore's Do Not Call Registry).

For more information on our Privacy Policy, please visit our website as follows:

<http://www.greatamericaninsurancegroup.com/insurance/Singapore-Branch/Documents/SGP-Privacy-Policy-for-Website.pdf>

I/we have read and agreed to the above Data Privacy Statement.

Signature of Claimant \_\_\_\_\_

Name: \_\_\_\_\_

NRIC / Passport No: \_\_\_\_\_

## DECLARATION

I declare that these answers and statements are true and correct to the best of my knowledge. I understand that any false or fraudulent statements or any attempt to conceal any material facts shall render the policy void and the Insurer may refuse to pay the claim.

Signature of Insured \_\_\_\_\_ Signature of Driver \_\_\_\_\_

NRIC No/Company Stamp \_\_\_\_\_ NRIC/Fin No \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_