

CLAIM FORM

SECTION A: CLAIMANT DETAILS

Car Insurance Policy Number	
Policyholder Name	
Vehicle Registration Number	
Contact Number	
Email address	

SECTION B: INCIDENT DETAILS

Please provide full name and NRIC/FIN of driver at time of incident.

Please tell us how the glass on your car was damaged and where it happened.

When did you notice the damage to the glass on your car? (dd/mm/yyyy)

Which section of glass was damaged? (please tick)

☐ Front Windscreen ☐ Rear Windscreen

Passenger Side ☐ Front Door Glass ☐ Rear Door Glass

Driver's Side ☐ Front Door Glass ☐ Rear Door Glass

Was the glass repaired or replaced? ☐ Yes ☐ No

If you ticked Yes for either, please provide details on workshop and costs incurred:

SECTION C: DECLARATION AND AUTHORISATION

☐ I declare that the information provided is, to the best of my knowledge, correct in every detail. I agree that if I have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

☐ I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at <https://singlife.com/en/pdpa>. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

Date

Signature of Insured

Name of Insured

Once this form is fully completed, please print, sign and send it with the original repair invoice and full colour photos showing the damaged glass to:

Motor Glass Insurance Claims
Singapore Life Ltd.
4 Shenton Way
#01-01 SGX Centre 2
Singapore 068807

Note: The acceptance of this form is NOT an admission of liability on the part of Singapore Life Ltd.