

## MOTOR WINDSCREEN CLAIM FORM

**IMPORTANT:**

THE ACCEPTANCE OF THIS FORM IS NOT IN ITSELF AN ADMISSION OF LIABILITY ON THE PART OF GREAT EASTERN GENERAL INSURANCE. TO AVOID DELAY AND TO ENSURE THAT PROMPT SERVICE CAN BE GIVEN IN CONNECTION WITH THIS ACCIDENT, YOU ARE KINDLY REQUESTED TO COMPLETE THIS FORM IN FULL AND RETURN IT TO THE CORPORATION WITHIN SEVEN (7) DAYS UPON RECEIPT OF THIS FORM.

### PARTICULARS OF INSURED

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_ Email address: \_\_\_\_\_

### PARTICULARS OF DRIVER

Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Driving Licence No.: \_\_\_\_\_ Driving Experience: \_\_\_\_\_  
Is he/she your permanent driver? Yes  No  State relationship: \_\_\_\_\_  
Was the vehicle used with your permission? Yes  No  For what purpose? \_\_\_\_\_  
Did he/she own a vehicle at the time of accident? Yes  No   
If yes, state vehicle no. & Insurance Co.: \_\_\_\_\_

### ACCIDENT

Vehicle no.: \_\_\_\_\_ Model: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m/p.m Place: \_\_\_\_\_  
Details of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the damage: \_\_\_\_\_  
Name & Address of independent Witness: \_\_\_\_\_  
Name & Tel No. of Workshop: \_\_\_\_\_

Are you  claiming under your own policy  record purpose  claim against the other party

### NOTE:

- REPAIRS SHOULD NOT PROCEED UNTIL THE VEHICLE IS INSPECTED AND THE ESTIMATED COST OF REPAIRS IS APPROVED.

### DECLARATION

I/We hereby declare that the particulars stated above are true and correct in every detail and I/we agree that if I/we have made or in any further declaration in respect of the same claim shall make any false or fraudulent statements or suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

### PERSONAL DATA CONSENT

In addition to the declaration provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to process and administer my/our claims.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <https://www.greateasternlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured  
(Company Stamp & state designation)

Date: \_\_\_\_\_