GrabInsure (S) Pte. Ltd.
3 Media Close, #01-03, Singapore 138498

# WINDSCREEN CLAIM FORM

Please complete this form and submit it to us together with copies of your Certificate of Insurance, the NRIC (both sides) and driving licence of you and the driver (if not you) within fourteen (14) days after the occurrence of the incident. We may require you to provide us with additional documents or information depending on the circumstances of your claim. If we ask for any document or report, you will have to pay the costs of obtaining them. Do note that any failure to provide supporting documentation may result in delays in the processing of your claim.

| **PolicyHolder Details** | | | | |
|---|---|---|---|---|
| Name (As per NRIC/FIN): | | | NRIC / FIN No.: | |
| Policy No.: | | Insurance Period: | | To |
| Vehicle No.: | | Make and Model: | | |
| Contact Details: | (Mobile) | (Others) | Email: | |
| Address: | | | | |

| **Driver Details** *(you may skip filling up this section if the Driver is the Policyholder)* | | | |
|---|---|---|---|
| Name of Driver: | | | NRIC / FIN No.: |
| Contact Details: | (Mobile) | (Others) | Email: |
| Address: | | | |
| Relationship to PolicyHolder: | | | |

| **Incident Details** | | | |
|---|---|---|---|
| Date & Time of Incident: | (DD) | (MM) | (YYYY) |
| | Hours | Mins | AM / PM |
| Place of Incident: | | | |
| Describe fully what happened: | | | |

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## Declaration

By submitting this claim to GrabInsure (S) Pte Ltd., you agree to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim and related purposes in accordance with Privacy Policy and Terms of Use on our website http://www.grabinsure.sg. We may also share your personal data with other Insurers and the General Insurance Association of Singapore (as well as their Third Party service providers) as part of the industry's efforts for proper underwriting and proper administration of claims. This may include sharing the personal data for investigating fraud, exaggerated claims, and other criminal or improper acts.

I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and the Insurer may refuse to pay the claim. In all such cases, GrabInsure (S) Pte Ltd reserves the right to report me/us to the relevant authorities and recover from me/us all claims that have been paid out under my/our policy and any costs incurred by GrabInsure (S) Pte Ltd in relation to my/our policy.

| | |
|---|---|
| Signature of Policyholder/Driver: | Company Stamp (if applicable): |
| Name of Policyholder / Driver: | Date: |

## For Workshop Use

| | | |
|---|---|---|
| Damage of glass: | ☐ Front windscreen | ☐ Driver quarter glass |
| | ☐ Back glass | ☐ Passenger vent glass |
| | ☐ Driver vent glass | ☐ Passenger rear glass |
| | ☐ Driver rear glass | ☐ Passenger quarter glass |
| Solar Film: | ☐ Yes | ☐ No |
| Condition: | ☐ Repairable | ☐ To Replace |
| Name of Workshop: | | |
| Officer-in-charge: | Contact Number: | |