

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 LIMITED ("COMPANY"). 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 COMPANY 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.

- IF YOU ARE CLAIMING UNDER YOUR OWN POLICY AND WISH TO REINSTATE YOUR WINDSCREEN COVER, KINDLY CONTACT OUR MOTOR POLICY DIVISION

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 relevant insurance policies shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

PERSONAL DATA

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 evaluate, admit, process and/or administer my/our claims.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greatasteernlife.com/sg/en/pncpolicies.htm> and which I/we confirm I/we have read and understood.

Signature of Driver

Date: _____

Signature of Insured
(Company Stamp & state designation)

Date: _____