

WINDSCREEN CLAIM FORM

Please submit the duly completed Claim Form with the documents required to expedite claim processing.

The furnishing and/ or acceptance of this form shall not be regarded as a waiver by the Company of its rights and the Company makes no admission of liability on the part of the Company.

GENERAL INFORMATION

Name of Policyholder :	Policy Number:
Policyholder NRIC Number:	Vehicle Number:
Telephone Number:	Incident Date :
Correspondence Address :	

DATA PROTECTION NOTICE

By submitting this form, you are providing personal information to the Company. The Company will be processing your personal information provided in this form and/ or further information and data that may be required by the Company either from you or from any third parties. Your personal information may be used, recorded, stored, disclosed or otherwise processed by or on behalf of the Company (and its successors in title) for the purpose of (i) processing your claim or investigation or analysis of such claim; and (ii) ascertaining your claims history in order to improve claims processing and prevent fraudulent claims. By submitting this form, you consent and authorize the Company to obtain and verify any information about you from you or from any third parties which the Company may require in connection with your claim. Such consent and authorization herein shall extend to any information obtained from any of the insurance policy(ies) presently provided to you, any new application to the Company for insurance, such historical financial or credit records, data or information whether or not provided personally. The information that you have provided to the Company is necessary. If you do not provide the Company with such information, the Company may not be able to respond to your claim. The Company may disclose and/ or provide your personal information to the Company's Authorised Representative or any other third party, necessary for the processing of your claim. You may access certain personal information held by the Company based on the applicable data protection laws of Malaysia. You may access your personal information during office hours by calling Customer Service Care at 1300- 1300- 88. If you have any inquiry or complaint (such as limiting the processing of certain information), you may contact our Customer Service Care at 1300- 1300- 88, or write to the Company. The Company may charge a reasonable fee for access. If you can show that the personal information held by the Company is not accurate, complete, and up to date, the Company will take reasonable steps to ensure it is accurate, complete and up to date upon receiving your verification/ feedback. For more information on how the Company deals with your personal information please log on to www.greateasterngeneral.com and read the Company's Client Charter and Privacy Policy or contact the Company's Authorised Representative for a copy.

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. I/We, _____ (name of policyholder) confirm that I/we have been fully indemnified of the above claim and hereby discharge GEGM of all claims/liability arising out of this claim. I/We, hereby agree(s) that the payment of this claim is to be made payable directly to M/S _____ upon replacement/repairs of my/our damaged windscreen.

Signature of Policyholder

(Please affix company rubber stamp, if applicable)

Date :

NOTE : We wish to advise that your windscreen coverage is deemed to be deleted upon settlement of this claim and will be only reinstated upon payment of additional premium. However, if the damaged windscreen is being made good by repair, then your sum insured value for windscreen coverage shall automatically be reduced by the payment of this claim.

DOCUMENT REQUIRED

a) If the repairs/replacement done by GEGM Panel Workshop (cashless)

Please submit the duly completed Windscreen Claim Form with the below documents :

☐

Photographs Depicting the Damaged Glass

☐

Photographs of After Repairs/Replacement Glass

☐

Original Repairs/Replacement Bills

☐

If the insured vehicle was fitted with tinted film at time of loss, to provide the warranty card or replacement receipt or photograph showing the tinted film being peeled off from the damaged glass.

b) If the repairs/replacement done by non Panel Workshop (reimbursement claim)

Please submit the duly completed Windscreen Claim Form with the below documents :

☐

Photographs Depicting the Damaged Glass

☐

Photographs of After Repairs/Replacement Glass

☐

Original Repairs/Replacement Bills

☐

If the insured vehicle was fitted with tinted film at time of loss, to provide the warranty card or replacement receipt or photograph showing the tinted film being peeled off from the damaged glass.

☐

Copy of Updated Registration Card / Vehicle Ownership Certificate

☐

Duly Signed and Completed E-payment Form with Copy of Bank Statement.

☐

Copy of Policyholder's Identity Card

☐

Copy of Driver's Identity Card

☐

Copy of Driver's Driving License

☐

Copy of Business Registration Form (Company Owned Vehicle)

☐

GST Registration Notification Form, if Commercial Vehicle