

WINDSCREEN DAMAGE CLAIM FORM

Please email your repair quotation & duly completed claim form to windscreen@etiqa.com.sg

Section A - Details of Policy		
Policy Number		
Insurance Period		
Vehicle Number		
Year of Manufacture		
Make & Model		
Name of Insured		
Section B - Particulars of Driver		
Name		
NRIC Number		
Address		
Occupation		
Contact Number		
Authorisation to drive vehicle by owner : YES / NO		
Section C - Particulars of Accident (please tick (✓) where applicable)		
Date of accident		
Time		
Place		
Nature of Damage		
<input type="checkbox"/> Hit by stone while driving <input type="checkbox"/> Hit by unknown object while driving <input type="checkbox"/> Parked & found damage <input type="checkbox"/> Vandalism (<input type="checkbox"/> Police Report attached <input type="checkbox"/> Reversed & hit the pillar		
Other Description of Incident		
Description of Damage <input type="checkbox"/> Windscreen front <input type="checkbox"/> Windscreen rear <input type="checkbox"/> Windscreen rear right <input type="checkbox"/> Windscreen rear left <input type="checkbox"/> Door glass front / rear right <input type="checkbox"/> Door glass front / rear left	Condition of Damage <input type="checkbox"/> Shattered or Broken <input type="checkbox"/> Cracked <input type="checkbox"/> Scratched <input type="checkbox"/> Chipped	
Section D - Declaration By Policyholder		
<input type="checkbox"/> I / We solemnly declare that to the best of my / our knowledge and belief the foregoing particulars are true and correct in every aspect. <input type="checkbox"/> I understand that my claim may be rejected if any relevant information given is later proven false or intentionally omitted by me.		
_____	_____	_____
Owner's Signature	Company's Stamp (If applicable)	Driver's Signature