

M S first Capital Insurance Limited (Co.Reg. No. 195000106C) 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

## Plate Glass Claim Form

I.	PARTICULARS OF POLICYHOLI	DER				
Policy No	).					
Insured						
Business	Address					
Contact I (Telepho	Details ne. Fax & Email)					
II.	DESCRIPTION OF ACCIDENT					
When did breakage occur? Please indicate which day, date, and hour						
Where (L	ocation of Accident) did Break	age occur?				
What the	: Cause of Breakage?					
Is Insured claiming as Tenant or Owner/Landlord?						
Is the Premises/Location where Breakage occurred currently occupied?						
Is the occupancy by Insured or Tenant/Third Party? Please provide details of the Tenant/Third Party.						
Is there any witnesses and/or CCTV footage to the Breakage? If so let us have details.						
Is there any Police Report and/or Incident Report? If so let us have a copy.						
Have the Plate Glass been replaced? If so, please indicate when was replacement carried out and provide a copy of the Quotation & Invoice.						
III.	PARTICULARS OF BREAKAGE					
No. of panes	Description of Gla Location where its		Size of each Pane in Centimetres (LxWxD)	Details of Breakage	Cost (SGD) of damaged pane	



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I/ We declare that the above information described is true and complete of the foregoing particulars in every respect and I/We agree that in I/We have made, or if I/We shall make, any false or untrue statement, suppression or concealment, my/our right to compensation shall be absolutely forfeited.					
I / We hereby acknowledge, consent and agree that:-					
MS First Capital Insurance Limited (MSFC) may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as MSFC deem relevant for the purposes as contemplated in this form including but not limited to policy servicing, processing, investigating, handling, administering and/or settling my / our claim with MSFC or other insurers;					
MSFC may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;					
The personal data protection clauses herein ("DPC") are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Act 2012 as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Act 2012, the latter shall prevail;					
If I / we provide third parties' personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to MSFC, I / we represent and warrant to MSFC that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Act 2012; and					
I / We shall indemnify MSFC for all losses and damages which may be suffered by MSFC arising out of the breach of the declarations, representations and/or warranties herein.					
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Policyholder/Insured's Representative Name/Designation Signature of Policyholder/Insured's Representative					
Policyholder/Insured's Company Stamp Date					