

WINDSCREEN CLAIM FORM

The issue and acceptance of this form is not an admission of liability on the part of the company.

THE INSURED

Name: _____ Occupation: _____

Address: _____

Tel: (Office) _____ (Res.) _____ H/P _____

Email: _____

Vehicle No.: _____ Make of Vehicle: _____ C.C. _____ Year: _____

Policy No. _____ Insurance Period _____ To _____

Name of Driver _____ Licence No. _____ Expire On _____

NRIC/Passport No _____ Date of birth _____

Address _____

Tel(Office) _____ (Res.) _____ (HP) _____

Email _____

DETAILS OF LOSS

:

Date / _____ Time / _____ Place / _____

State in full what happened:

Please do not proceed with repairs without the insurer's authorization/approval.

State name of workshop _____

If other damage is also sustained by the vehicle, please provide details.

I hereby declare that, to the best of my knowledge and belief, the above statements are fully and truly made.

Date: _____

Signature of Insured (if Company, please stamp and indicate the name of the person signing the form)

If you receive any communication in anyway connected with this accident, please forward them to the insurer immediately.

SUPPORTING DOCUMENTS

1. Photographs of the damages
2. Quotation from workshop

Declaration

I / We declare that the above information is true and complete to the best of my/our knowledge and belief and I/we claim in respect thereof the protection of my/our policy. I / We hereby acknowledge, consent and agree that –

- (i) MS First Capital Insurance Ltd (MS FCIL) may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as MS FCIL 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 MS FCIL or other insurers;
- (ii) MS FCIL may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;
- (iii) 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;
- (iv) 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 MS FCIL, I / we represent and warrant to MS FCIL 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
- (v) I / We shall indemnify MS FCIL for all losses and damages which may be suffered by MS FCIL arising out of the breach of the declarations, representations and/or warranties herein.

Insured’s signature with Company’s stamp: _____ Name & Designation of Signor _____ Date : _____