



UEN: T15FC0029B
 GST Reg No: M90370081T
 3 Temasek Ave., #16-01 Centennial Tower
 Singapore 039190
 Tel: +65 6804 6000
 Fax: +65 6235 2616

Windscreen Claim Form

Policy Holder Information

Name of Policy Holder / Company Name _____

Policy No. / Period of Insurance _____

Vehicle No. _____ Make and Model _____

Contact Number _____

Driver's Particulars

Full Name (as shown in NRIC / Passport) _____

NRIC / Fin No. _____ Contact No. _____

Address _____

Date of Birth _____ Occupation _____

Driver's Licence Issue Date _____

Accident Details

Date of Accident (DD/MM/YYYY) _____ Time of Accident _____

Accident Location _____

<u>Circumstance:</u>	<u>Condition:</u>	<u>Description:</u>
<input type="checkbox"/> Hit by stone while driving <input type="checkbox"/> Hit by unknown object while driving <input type="checkbox"/> Parked and found damage <input type="checkbox"/> Others: _____	<input type="checkbox"/> Shattered <input type="checkbox"/> Cracked <input type="checkbox"/> Scratched <input type="checkbox"/> Chipped	<input type="checkbox"/> Front Panel <input type="checkbox"/> Rear Panel <input type="checkbox"/> Side Panel Front (Left / Right) <input type="checkbox"/> Rear Panel Front (Left / Right)

Data Privacy Statement

In accordance with the Personal Data Protection Act 2012, I / We consent to the collection, use, disclosure of and/or process my/ our personal data (whether contained in the claim form or otherwise obtained) by Great American Insurance Company, Singapore Branch, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me / us by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my / our telephone number(s) in the Singapore's Do Not Call Registry).

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I / we have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Name

NRIC / Passport No.

Declaration

I declare that these answers and statements are true and correct to the best of my knowledge. I understand that any false or fraudulent statements or any attempt to conceal any material facts shall render the policy void and the Insurer may refuse to pay the claim.

_____ Signature of Insured	_____ Date
_____ Signature of Driver	_____ Date
_____ NRIC No. / Company Stamp	_____ NRIC / Fin No.