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Co. Reg. No. 197100152R

Claim Form – Motor Insurance – Windscreen Damage

This Form is issued without prejudice to any of the Stipulations or Conditions of the Company’s Policy, and is not to be taken as an admission of liability on the part of the Company.

This Form should be completed and returned within SEVEN (7) days of its receipt by the Insured

IT IS ESSENTIAL THAT EACH QUESTION SHOULD BE ANSWERED AS FULLY AND ACCURATELY AS POSSIBLE

PARTICULARS OF INSURED

Insured :	_____	Insured Person :	_____
Address :	_____	Policy No :	_____
	_____	Contact Number :	_____
	Singapore _____	Email :	_____
Vehicle No. :	_____	Make & Type :	_____ cc. _____
Date of payment of last premium :	_____	Date of Incident :	_____

PARTICULARS OF DRIVER

Insured :	_____	NRIC No. :	_____
Date of Birth :	_____	Age :	_____
Driving Licence No :	_____	Expiry Date :	_____
Driver’s relationship to Policyholder:	_____		
Was driver under influence of intoxicating liquor or drugs? :	_____		
If the Policyholder was not driving, does the driver own a car and with whom it is insured:	_____		

Claim Form – Motor Insurance – Windscreen Damage *Cont'*

1.	Accident	Date : _____ Time: _____ Place: Explain exactly how the accident happened (If you consider other parties to blame, please give reason) _____ _____ Please attach a copy of the Police Report, if any
2.	Damage to vehicle	Indicate extent of damage to your vehicle _____

Declaration

I/ We hereby declare that foregoing particulars to be true and correct and I/ We undertake to render every assistance on my/ our power in dealing with the matter.

Date : _____

Signature : _____ NRIC No : _____

Company Stamp (if applicable) : _____