

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.

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

PARTICULARS OF INSURED

Insured	:	_____	Policy Number	:	_____
Address	:	_____	Contact Number	:	(O) _____
		_____			(HP) _____
		Singapore _____	Email	:	_____
Vehicle No	:	_____			

PARTICULARS OF DRIVER

Driver's Name	:	_____	NRIC No.	:	_____
Date of Birth	:	_____	Age	:	_____
Driving licence passing date	:	_____			
Driver's relationship to Insured	:	_____			

Claim Form – Motor Insurance – Windscreen Damage

1.	Description of Accident	Date : _____ Time: _____
		Place: _____
		Description of accident :
Please attach a copy of the Police Report, if any		

Important Notice

In accordance to the provisions of the Personal Data Protection Act 2012 (“PDPA”), the UOI’s privacy notice shall form part of the terms and conditions of the Policy. A copy of UOI’s Privacy Notice can be found at www.uoi.com.sg

Declaration

I/We declare that the information given in this claim form is true and correct to the best of my knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and UOI may refuse to pay the claim. I/We undertake to render every assistance on my/our power in dealing with the matter.

Signature of Insured

Date

Company’s stamp (if applicable)