

CLAIM FOR WINDSCREEN

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP. 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Please complete this windscreen claim form and submit to NTUC Income for approval

Policy Number	Name of Policyholder (as shown in NRIC)	
Expiry Date of Policy (dd/mm/yyyy)	Vehicle No.	Date / Time of Incident (dd/mm/yyyy)
Brief Description		
Name & Address of Workshop		

Particulars of Driver

Name (as shown in NRIC)	NRIC No.
Contact No. (H) (Hp)	Email
Residential Address	

General Information

Please fax the completed claim form to us at 6338 1504. We would advise you to pay your windscreen excess (subject to GST if applicable) directly to your repairer.

Declaration

I declare that the information given in this form are accurate and true. I understand that my claim may be rejected if any relevant information given is later proven false or intentionally omitted by me. I hereby authorised NTUC INCOME, if it decides to accept liability for this claim, to seek the most suitable means to repair the damages to my vehicle speedily and satisfactorily, including the right to arrange for my vehicle to be repaired at another workshop.

Signature of Driver

Date & Time (dd/mm/yyyy)

For Official Use

Report taken by	Date & Time (dd/mm/yyyy)
Reporting Centre	

GI/G610/MT/09/2009