NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Enquiries: www.income.com.sg/enquiry

Windscreen claim form

Please fill in this windscreen claim form and send it to us for approval.

Income collects, uses and discloses the information in this claim form for insurance and claims administration purposes.
For more details on Income's Privacy Policy, please visit www.income.com.sg/others/privacy.asp

Policy number	Name of policyholder	
Expiry date of policy (dd/mm/yyyy)	Vehicle number	Date and time of incident (dd/mm/yyyy)
Brief description		
Name and address of workshop		

Details of driver

Name (as shown in NRIC)			NRIC number
Contact number (H)	(O)	(Hp)	Email
Address			

General information

Please fill up the claim form and email to us at mtcl@income.com.sg. We would advise you to pay your windscreen excess (depending on GST if it applies) direct to your repairer.

Declaration by person reporting

I declare that the information given above is true, correct and complete.

I understand that the information collected on this form will be kept and used by you for investigation and administering claims, fraud detection and underwriting future insurance applications.

I understand that you may reject my claim if I have not given any relevant information or it is later proven that it is false or I have deliberately not included it.

I agree to authorise you (Income) to repair the damage to my vehicle in a reasonable time and, including the right to arrange for my vehicle to be repaired at another workshop, if you decide to accept legal responsibility for this claim.

Signature of driver	Date (dd/mm/yyyy)	Time

For official use

Staff name	Date (dd/mm/yyyy)	Time
Reporting centre		