

Windscreen Claim Form

The acceptance of this Form is NOT an admission of liability on the part of HL Assurance Pte. Ltd.. Any documentary proof or report required by HL Assurance Pte. Ltd. shall be furnished at the expense of the Policyholder or Insured.

PARTICULARS OF POLICYHOLDER / INSURED (COMPANY / INDIVIDUAL)			
Name (as in NRIC/Passport)	Insurance Policy No.	Period of Insurance	
	Tel. No.	H/P No.	
	E-mail	Name of Intermediary (if any)	
Address	NRIC / Passport No.	Business / Occupation	
	UEN / GST Registration No. (if any)		
PARTICULARS OF INSURED VEHICLE			
Registration No.	Year of Manufacture	Make & Model	
State purpose for which the vehicle was being used at the time of accident		Was the vehicle let out on hire or used for carrying of goods or passenger or for hire or reward? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARTICULARS OF DRIVER			
Name of Driver (as in NRIC/Passport)			NRIC / Passport No.
Address			Date of Birth
Tel. No. (Office/Residence)	H/P No.	E-mail	Was vehicle driven with the knowledge and consent of insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business / Occupation	Licence No.	Year(s) of Driving Experience	Relationship to Policyholder/Insured
DETAILS OF OCCURRENCE			
Date	Time	Place	
Explain fully how the accident/loss occurred			
Details of previous windscreen damage claim within the last 6 months of this accident			

BANK ACCOUNT DETAILS	
Name of Account Holder (as per bank account)	Bank Code
Bank Name	Branch Code
Bank Account No.	Swift Code
<p>* Important Notice: The Company shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing the Company with an inaccurate bank account number under this section for the payment of this claim.</p>	

*I/We do solemnly and sincerely declare that the information given is true and correct to the best of my/our 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 we shall forfeit our rights to claim under the Policy.

*I/We hereby authorise HL Assurance Pte. Ltd., if it decides to accept liability for this claim to seek the most suitable means to replace/repair the windscreen speedily and satisfactorily, including the right to arrange for the windscreen to be replaced/repared at another workshop.

PERSONAL DATA

In addition to the declaration and authorisation provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents in collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate, admit, process and/or administer my/our claims. These purposes are set out in HL Assurance Pte Ltd Privacy Statement, which is accessible at: <https://www.hlas.com.sg/PolicyOnPersonalData.aspx> and which I/we confirm I/we have read and understood.

Name of Policyholder/Driver _____

Signature of Policyholder/Driver _____
(Please affix company stamp if applicable)

Date _____