

CLAIM FORM - WINDSCREEN

IMPORTANT NOTE

1. The policyholder and/or the insured person(s) must truthfully give information and particulars to the best knowledge and belief.
2. We are not admitting to any legal responsibility by accepting this claim form.
3. If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any policy benefits, the policy will be rendered void.
4. Notify or submit your claims to EQI as soon as possible as late claims notification may be a breach of policy condition. (please refer to policy wordings)

Policy No.:		
Insured:	Contact No.:	Vehicle No.:

PARTICULARS OF DRIVER

Name:		
NRIC / FIN No. :	Email:	Contact No.:

BRIEF DESCRIPTION OF ACCIDENT

Date:	Time:	Location:
<input type="checkbox"/> Hit by stone while driving <input type="checkbox"/> Others: _____ <input type="checkbox"/> If involved Third Party / Pedestrian, TP info: _____ <input type="checkbox"/> Hit by unknown object while driving <input type="checkbox"/> Parked & found damage		

DESCRIPTION OF DAMAGE WINDSCREEN

<input type="checkbox"/> Windscreen Front	<input type="checkbox"/> Windscreen Rear	<input type="checkbox"/> Door Glass Front (Left/ Right)	<input type="checkbox"/> Door Glass Rear (Left/ Right)
<input type="checkbox"/> Others: _____			

DECLARATION, AUTHORISATION AND DATA PRIVACY CONSENT BY INSURED

I / We hereby declare and warrant the following:

1. All statements and answers provided in this form are complete, accurate, and true to the best of my / our knowledge and belief.
2. I / We understand that any false or fraudulent statements, as well as any attempt to conceal material facts related to this claim, may result in the forfeiture of all rights to claim under the policy. In such instances, EQ Insurance Company Limited ("EQI") reserves the right to report the matter to the police for further investigation.
3. In cases where I / we are not the policyholder, or in the scenario of a corporate policy, I / we confirm that I / we have been duly authorised by the insured member(s) (hereafter referred to as the 'Insured') to provide relevant information pertaining to the claims. I / we acknowledge full responsibility for ensuring the accuracy and validity of this submission. Furthermore, I / we agree to indemnify EQI against any losses or claims arising from this submission.
4. I / We authorise and consent to the release of any and all relevant information, as requested by EQI or its authorised representatives, from hospitals, doctors, individuals, or organizations that have provided medical care, conducted examinations, or maintain medical records for me / insured. This authorisation extends to disclosing details regarding illnesses, injuries, medical history, consultations, prescriptions, treatments, and any related medical records / certifications. In the case of a corporate policy, I / we confirm that I / we have gotten the same consent from the applicable insured(s) related to this claim. A photocopy of this authorisation shall be considered equally valid as the original.
5. I / We hereby grant permission and consent to EQI for the collection, usage, disclosure, and processing of my/our personal data. Additionally, I / we authorise the sharing of such pertinent information with EQI's authorised representatives, intermediaries, third-party service providers, reinsurers, legal entities involved in the claims process, government / regulatory bodies, industry associations, courts, and other dispute resolution forums, for the purposes and uses described in EQI's Personal Data Protection Statement available at www.eqinsurance.com.sg which is in alignment with legal, regulatory obligations, and risk management procedures.

Claimant's Signature

Policyholder's Signature
(Affix company stamp, if applicable)

Name of Claimant:

Name of Authorized Representative:

Date:

Date:

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