

Motor Windscreen Claim Form

Important Notice:

1 The acceptance of this form is NOT an admission of liability on the part of the Company.

Procedure for submitting a Windscreen Claim

- 1) Check your policy to ascertain the type of plan that you have:
 - a) For ExcelDrive Prestige Plan you may have your windscreen repaired at any of our authorized workshops as well as the manufacturer's workshop.
 - b) For all other plans, you must have your windscreen repaired at our authorized workshops.
- 2) Select a workshop from the list attached to your policy or check our website www.sompo.com.sg / Personal Coverage / Motor / Claims / Approved Reporting Centers. The workshop list is subject to change from time to time.
- 3) Bring your vehicle to the workshop at your preferred location – the workshop will arrange for photographs to be taken and a repair quotation to be sent to us.
- 4) We will verify the details and will authorize repairs within 1 working day if details are in order.
- 5) For private cars, only one windscreen reinstatement (additional premium is payable) will be allowed per policy year. For commercial vehicles, there will be no reinstatement of windscreen allowed. Any subsequent windscreen claim will be treated as an Own Damage claim under the policy and will affect your NCD.

Agency _____

Policy / Certificate No _____

A. INSURED'S DETAILS

- 1a. Name Dr/Mr/Mrs/Ms _____
- b. Address _____
- c. NRIC / Passport Number _____ Date of Birth _____
- d. Business / Occupation _____
- e. Contact Number _____ Email Address _____

B. DRIVER (AT TIME OF ACCIDENT) DETAILS (to be completed if driver is not the insured)

- a. Name Dr/Mr/Mrs/Ms _____
- b. Address _____
- c. NRIC / Passport Number _____ Date of Birth _____
- d. Occupation _____ Relationship to insured _____
- e. Contact Number _____ Date of issue / expiry of driving license _____ / _____

C. VEHICLE DETAILS

1a. Vehicle number _____ Year of Manufacture _____
b. Make and Model of vehicle _____

2. Circumstances of Claim

a. Date / Time / Location of Accident

Date: _____ Time: _____ Location: _____

b. Please state exactly what happened including nature of damage

Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg

Insured's Signature

Driver's Signature

Company chop if applicable

Date

Date

Date