

Contact us at:

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Claim Number (for official use)	
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## WINDSCREEN CLAIM FORM

Please complete this form and submit it to us together with copies of your Certificate of Insurance, the NRIC (both sides) and driving licence of you and the driver (if not you) within fourteen (14) days after the occurrence of the accident. We may require you to provide us with additional documents or information depending on the circumstances of your claim. If we ask for any document or report, you will have to pay the costs of obtaining them. Do note that any failure to provide supporting documentation may result in delays in the processing of your claim.

### IMPORTANT NOTE:

- If we accept this form, it does not mean that we are taking legal responsibility for your claim.**
- Windscreen repair services is only available at our authorised windscreen repairer, Glass-Fix Pte Ltd. You may drive to Glass-Fix Pte Ltd to obtain a complimentary repair quotation which will be sent to us. The extent of the windscreen repair covered depends on the damage on your windscreen.**

### Particulars of Policyholder

Name (as shown in NRIC, FIN or Passport):		Policy number:
NRIC, FIN or Passport number:	Sex: Male / Female	Date of birth (dd/mm/yyyy):
Contact numbers:		Email:
(H)	(O)	
Address:		
Vehicle registration number:	Insurance period:	
Vehicle make & model:	Chassis number:	

### Particulars of Driver

(You may skip filling up this section if the Driver is the Policyholder)

Name (as shown in NRIC, FIN or Passport):		Relationship to Policyholder:
NRIC, FIN or Passport number:	Sex: Male / Female	Date of birth (dd/mm/yyyy):
Contact numbers:		Email:
(H)	(O)	
Address:		

### Accident Details

Date of accident (dd/mm/yyyy):	Time of accident (am/pm):	Accident location:
Summary of Accident:		

### Declaration

1. I/We hereby declare that the information given on this form is to the best of my/our knowledge and belief, true, correct and complete.
2. I/We understand that my/our claim may be rejected or my/our policy may be treated as void, if I/we have made any false or fraudulent statement or deliberately left out any relevant information, relating to the incident(s) on this form or in any document provided. In all such cases, Auto & General Insurance (Singapore) Pte. Limited (trading as Budget Direct Insurance) ("Budget Direct Insurance") reserves the right to report me/us to the relevant authorities and recover from me/us all claims that have been paid out under my/our policy and any costs incurred by Budget Direct Insurance in relation to my/our policy.
3. In connection with the claim(s) submitted in this form, I/we give consent for Budget Direct Insurance and their respective representatives or agents to collect, use, store, transfer and/or disclose my/our personal data and other information on this form and in any document provided (including that provided by sources other than myself/ourselves) concerning me/us, to or with all such persons (including any member of the Auto & General Group or any third party service providers, intermediaries and/or business partners of Budget Direct Insurance, and whether in or outside Singapore) for purposes which includes enabling Budget Direct Insurance to provide me/us with the services required of an insurance provider, including the evaluating, processing, administrating and/or managing of my/our policy/policies, account(s) and/or claim(s) with Budget Direct Insurance (as the case may be), and for the other purposes and uses set out in Budget Direct Insurance's Privacy Policy which can be found at [www.budgetdirect.com.sg](http://www.budgetdirect.com.sg), which I/we have read and accepted the terms thereof.

\_\_\_\_\_  
Signature of Policyholder  
Company's stamp (if applicable)

\_\_\_\_\_  
Signature of Driver  
(If Driver is not the Policyholder)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### For Workshop Use only

Damage of glass:	<input type="checkbox"/> Front windscreen <input type="checkbox"/> Back glass <input type="checkbox"/> Driver vent glass <input type="checkbox"/> Driver rear glass	<input type="checkbox"/> Driver quarter glass <input type="checkbox"/> Passenger vent glass <input type="checkbox"/> Passenger rear glass <input type="checkbox"/> Passenger quarter glass
Condition:	<input type="checkbox"/> Repairable	<input type="checkbox"/> Replace
Excess:	<input type="checkbox"/> No / Waived	<input type="checkbox"/> Yes, excess of S\$
Name of workshop:	Officer in-charge:	Contact number: