



**WINDSCREEN (WS)
CLAIM FORM**

Agency / Broker:

Policy No.:

IMPORTANT

1. This form is issued and/or accepted without admission of liability.
2. The insured must complete this form fully and accurately.
3. The list of documents required is not exhaustive and we reserve the right to request from you any additional information/documentation, as necessary.

GENERAL INFORMATION

Name of Policyholder	Period of Insurance (dd/mm/yy)
Vehicle Number	Type of Policy

CIRCUMSTANCES OF WINDSCREEN DAMAGE

Brief Description	Date of Incident (dd/mm/yy)
	Time of Incident (hh:mm)
	Location

If Windscreen damaged whilst driven,

Name of Driver: _____ Address: _____

Contact Details: _____ (H) _____ (O) _____ (HP) _____ (Email)

Damage Portion

	<u>Driver Side</u>	<u>Passenger Side</u>
☐ Front Windscreen	☐ Front Door Glass	☐ Front Door Glass
☐ Rear Windscreen	☐ Rear Door Glass	☐ Rear Door Glass

Name and Address of Repairer

GENERAL INFORMATION

Please send the completed form through email to claims@ecics.com.sg
We would advise you to pay your Excess (plus GST, if any) direct to your Repairer.

**DECLARATION**

- i. I declare that the above statements and answers are true and complete to the best of my knowledge and belief.
- ii. 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.
- iii. I agree to authorize you (ECICS Limited) to repair the damage to my vehicle in a reasonable time including the right to arrange for my vehicle to be repaired at another workshop if you decide to accept legal responsibility for this claim.

NOTICE: Personal Data Protection Policy

We/I understand, acknowledge, agree and consent that:

- a) ECICS Limited (the "Insurer") is permitted to collect, use, disclose and/or process my personal data/personal information set out in this Claim Form and any other personal information provided by me or possessed by ECICS Limited (collectively the "Personal Information") and disclose and transfer such Personal Information to the Insurers' lawyers/law firms, Insurers' doctors, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (ii) investigations relating to the claims;
 - (iii) investigating my claims
 - (iv) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (v) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (vi) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- b) the Insurers' lawyers/law firms, insurer's doctors, adjuster may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside Singapore, for one or more of the above Purposes.

Signature of Policyholder

Date / Time: