Allianz Insurance Singapore Pte. Ltd.

WINDSCREEN CLAIM FORM

ALLIANZ MOTOR PROTECT

BEFORE THE SUBMISSION OF THIS FORM, THE POLICYHOLDER / DRIVER IS REQUESTED TO NOTE:

(a) The Terms & Conditions of the policy.

(b) This form must be filled up and submitted to Allianz Insurance Singapore Pte. Ltd. (Allianz) via email Claims@allianz.com.sg as soon as possible.

(c) The Policyholder / Claimant must promptly take all practicable steps including the lodging of a police report, providing a copy of the report to Allianz when required (if criminal or malicious act involved).

(d) If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under the policy, your claim may be declined and all benefits under your policy may be forfeited.

(e) The issuance of this form is not to be taken as an admission of liability by Allianz.

SECTION I: POLICY INFORMATION

Policy No: | Name of Policyholder: (As per NRIC/FIN/Passport)

Vehicle No.: | Expiry Date of Policy : (DD) (MM) (YY)

SECTION II: DRIVER INFORMATION

Name of Driver (As per NRIC/FIN): | NRIC / FIN No:

Contact Details: (Mobile) (Home) (Email)

Address:

Relationship between Driver and Policyholder:

SECTION III: INCIDENT INFORMATION

Date & Time of Accident : (DD) (MM) (YYYY)

Hours Mins ☐ AM ☐ PM

Location of Incident:

Description of Incident:

Name and Address of Workshop:

DECLARATION

I/We hereby declare that I/We have complied with the policy Terms & Conditions, all information provided in this claim form and documents submitted are true, accurate and complete to the best of my knowledge. I/We certify that I/We have not withheld any material information. I/We understand that if I/We intentionally made any false or fraudulent statement or conceal any material fact, Allianz reserves the right to repudiate the claim. I/We undertake to advise Allianz promptly of all developments in connection with the claim.

In relation to the personal information collected in this claim form, if I am/We are submitting information relating to another individual, I/We represent and warrant that I/We have the authority to provide that information to Allianz, I/We have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by Allianz, as set out in the contents of the consent clause contained below and the individual agrees and consents, that Allianz may collect, use and process his/her personal information.

I/We further consent to Allianz (and Allianz related group of companies) collecting, using and/or disclosing my/our personal information for the processing of the above transaction, such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Allianz and as stated in the Allianz Privacy Policy. I/We also consent to Allianz (and Allianz related group of companies) transferring my/our personal information to Allianz related group of companies and/or third party service providers, reinsurers, intermediaries or as stated in the Allianz Privacy Policy, whether located in Singapore or elsewhere, for the above purposes. For full details of the purposes of collection, use and disclosure of your personal information, please refer to the Allianz Privacy Policy available at https://www.allianz.sg/privacy-policy.html

I/We authorize the release of my/our information necessary to process this claim.

Signature of Policyholder / Driver: _____

Company Stamp: _____

Name of Policyholder / Driver: _____

Date: _____