



# FEDERAL INSURANCE COMPANY – SINGAPORE

## One of the Chubb Group of Insurance Companies

18 Cross Street #11-08 China Square Central Singapore 048423  
Telephone: 6333 8113 Facsimile: 6333 8112

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### MOTOR WINDSCREEN CLAIM FORM

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*The Insured is requested to state as fully and as accurately as possible the information asked for hereunder and to return the form immediately to the Company. If insufficient space is provided for your answer, please continue on a separate sheet. Acceptance of this Form is not in itself and admission of liability on the part of the Company.*

#### I. Insured's Information

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Tel / Mobile Ph. No. \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_

#### II. Vehicle Particulars

Vehicle Registration No. \_\_\_\_\_ Policy No. \_\_\_\_\_  
Make & Type \_\_\_\_\_ Year of Make \_\_\_\_\_

#### III. Driver's Information

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
NRIC/ Passport No. \_\_\_\_\_ Tel / Mobile Ph. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Class of Licence \_\_\_\_\_  
Address \_\_\_\_\_

Are you the owner of the vehicle? Yes  No

If no, was vehicle being driven with the knowledge and consent of the Insured? Yes  No

Were you under the influence of intoxicating drinks or drugs at the time of the accident? Yes  No

Do you own any other vehicle? Yes  No

If yes, please state vehicle registration no. and your insurance company \_\_\_\_\_

Driving Licence No. and Years of Driving Experience \_\_\_\_\_

#### IV. General Information of the Accident

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_

Travelling Speed \_\_\_\_\_ Place of Accident \_\_\_\_\_

Describe exactly how the accident happened. If you consider other parties to blame, give reasons and provide details of third party.

**V. THIRD PARTY LIABILITY**

State full details of damage to property or other vehicles other than your own (name, address, registration number, insurance company and extent of damage).

Were any persons injured? If so, state full particulars (including name, address and injuries sustained).

Has any claim been made against you? If so, by whom and for how much?

**Declaration**

I hereby declare that to the best of my knowledge and belief, the statements and answers in this form are true and correct in every respect. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

Signature of Insured/  
Vehicle Owner  
(with Co. Stamp if applicable): \_\_\_\_\_

Signature of  
Vehicle Driver: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_