

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

The form must be completed truthfully and accurately.

The completed form should be returned together with all supporting documents as soon as possible to the following address:

Chartis Singapore Insurance Pte. Ltd.
CHARTIS Building, 78 Shenton Way, #07-16, Singapore 079120

The acceptance of this Form is NOT an admission of liability on the part of Chartis Singapore Insurance Pte. Ltd. ("the Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

The Policyholder or driver should make no admission of any liability to Third Parties.

Any information collected or held by Us whether contained in the Application / Proposal or Claim Form or otherwise obtained in any other manner, may be used and disclosed to Our associated individuals / companies or any independent third parties (within or outside Singapore) for any matters related to your claim and to communicate with You for any purpose.

Particulars Of Policyholder/Insured

Name	Policy No.	Expiry Date	Identity Card No.
Email Address	Address		
Occupation/Business	Telephone No. (Office/Residence)	Telephone No. (Mobile)	
Name of Agent/Broker (Optional)		Telephone No.	

Particulars Of Vehicle

Make and Type	Year	Registration No.
State the purpose for which the vehicle was being used at the time of accident		Was vehicle let out on hire and or used for carrying of goods or passenger for hire or reward? <input type="checkbox"/> No <input type="checkbox"/> Yes

Person Driving At The Time Of Accident

Name of driver	Date of Birth	
Licence No.	Expiry Date	Email Address
Address		
Occupation/Business	Telephone No. (Office/Residence)	Telephone No. (Mobile)
How long has the driver held a licence? <input type="checkbox"/> Less than one year <input type="checkbox"/> If others, please specify ____ years ____ months		
Was vehicle driven with the knowledge and consent of Insured? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Driver's relationship with Insured <input type="checkbox"/> relative <input type="checkbox"/> friend <input type="checkbox"/> employee <input type="checkbox"/> paid driver <input type="checkbox"/> others		

Details Of Accident

Date	Time	Place
Describe exactly how the accident / loss occurred.		
Details of previous windscreen damage claim within the last 6 months of this accident.		

Own Damage

Please note that repairs should not be proceeded with until the estimate cost of repairs is approved.		
State extent of damage to your vehicle and name and address of workshop		
I hereby declare that no other damage other than the above windscreen and/or windows of my vehicle has been damaged/shattered. I further declare that no other Third party property has been damaged nor Third party persons have suffered bodily injuries arising from this accident. I further declare that the above statements are true to the best of my knowledge and belief.		
Date	Signature of Driver	Signature of Insured (Co's stamp, if applicable)