

CLAIM FOR WINDSCREEN

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP.142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts which may affect the insurance cover being applied for. Otherwise, you may receive nothing from the insurance policy.

This claim form can be printed for use if your claim has been approved by NTUC Income

Policy Number	Name of Policyholder	
Expiry Date of Policy	Vehicle No.	Date / Time of Incident
Brief Description		
Name & Address of Workshop		

Particulars of Driver

Name	NRIC No.
Contact No. (H) (HP)	Email
Address	

General Information

If the windscreen is authorised for repair by the NTUC Income, please fax the completed claim form to us at 6338 1504.

Declaration

I declare that the information given in this form are accurate and true. I understand that my claim may be rejected if any relevant information given is later proven false or intentionally omitted by me. I hereby authorised NTUC INCOME, if it decides to accept liability for this claim, to seek the most suitable means to repair the damages to my vehicle speedily and satisfactorily, including the right to arrange for my vehicle to be repaired at another workshop

Signature of Driver

Date & Time

For Official Use

Report taken by	Date & Time
Reporting Centre	

GI/CFW/09/2007