



CAR INSURANCE – GLASS CLAIMS FORM

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|---|----------------------|
| Car Insurance Policy Number: | <input type="text"/> |
| Policyholder Name: | <input type="text"/> |
| Vehicle Registration Number: | <input type="text"/> |
| What is the best phone number to contact you on if we need to speak to you? | <input type="text"/> |
| What is your email address if we need to write to you? | <input type="text"/> |

Please provide full name and NRIC/FIN of driver at time of incident.

Please tell us how the glass on your car was damaged and where it happened.

When did you notice the glass on your car was damaged?

 (DD/MM/YYYY)

Which glass was damaged on your car?

| | | |
|---|--|--|
| <input type="checkbox"/> Front Windscreen | <input type="checkbox"/> Passenger Side Front Door Glass | <input type="checkbox"/> Drivers Side Front Door Glass |
| <input type="checkbox"/> Rear Windscreen | <input type="checkbox"/> Rear Door Glass | <input type="checkbox"/> Rear Door Glass |

Was the glass repaired or replaced?

If repaired where was this done and how much did you pay?

If replaced where was this done and how much did you pay?

I declare that the information provided is, to the best of my knowledge, correct in every detail. I agree that if I have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Date: (DD/MM/YYYY)

Once this form is fully completed, please print, sign and send it with the original repair invoice and colour photos showing the damaged glass to:

Aviva Motor Glass Insurance Claims
Aviva Ltd
4 Shenton Way
#01 - 01 SGX Centre 2
Singapore 068807
www.aviva.com.sg

Signature of Policyholder

Note: The acceptance of this form is NOT an admission of liability on the part of Aviva.