

Windscreen Claim Form

Policy/ Certificate No.

To expedite your claim, please (1) complete this form, thank you.

A. POLICY INFORMATION

Policyholder's Full Name

B. CLAIMANT DETAILS

Full Name

NRIC/FIN No.

Email

Mobile No.

Correspondence Address

C. Circumstances of Windscreen Damage

Type of Policy (Commercial / Private Motor)

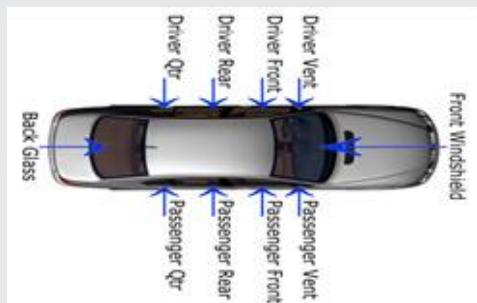
Vehicle Number

Date of Accident

Country (Singapore / Malaysia / Thailand)

Tell us how it happened

Which glass sustained damage?
You may select more than one*



Front Windshield

Driver Vent Driver

Front Driver Rear

Driver Qtr

Back Glass

Passenger Vent

Passenger Front

Passenger Rear

Passenger Qtr

Repair / Replace

Interested in mobile Repair services: Yes

No

Please Select Your Damage:



Others



Please Select your Workshop

D. DECLARATION, AUTHORISATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling HSBC Life and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with HSBC Life (as the case may be), and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg ("Purposes").

Date: _____

Date: _____

Signature of Claimant

Signature of Policyholder - For minor and group policy
(Please also provide Company Stamp for corporate policy)

TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following:



www.hsbclife.com.sg
(Claim Section)



+65 6880 4888



cst@mail.life.hsbc.com.sg

*HSBC Life is committed to making your claim submission simple and easy.
Thank you for insuring with HSBC Life, we are proud to serve you.*