

WINDSCREEN DAMAGE CLAIM FORM

The insured is required to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company. The acceptance of this Form is not in itself an admission of liability on the part of the Company.		
Name of Insured _____	I/C No _____	
Address _____		
Policy No _____	Vehicle No _____	
Occupation _____	Telephone No _____	
Make and Type _____	C.C. _____	
PARTICULAR OF PERSON DRIVING AT TIME OF ACCIDENT		
Name of Driver _____	I/C No _____	
Address _____		
Occupation _____	Telephone No _____	
PARTICULAR OF ACCIDENT		
Date _____	Time _____	Place _____
Explain exactly how the accident happens.		

I/We hereby declare the foregoing particulars to be true and correct and I/We undertake to render every assistance in my/our power in dealing with the matter.

Date _____

Signature of Policyholder _____

Signature of Driver _____

DECLARATION, AUTHORIZATION AND PERSONAL DATA PROTECTION STATEMENT

[Declaration] I/we declare that the particulars stated above are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused.

[Authorization] Where applicable, I/we hereby authorize any hospital, clinic, physician or any other person to disclose all information including copies of all hospital or medical records on the patient when requested by ERGO Insurance Pte. Ltd. (ERGO). I have noted that any illness, injury, consultations, medical history, prescriptions or treatment the medical report fee incurred will be borne by me. A copy of this authorization shall be considered as effective and valid as the original.

[Personal Data Protection Statement] I/we understand, acknowledge, agree and consent that:

- a. ERGO Insurance Pte. Ltd. (ERGO) may/will collect, use, disclose and/or process my/our personal data set out in this form and any other information provided by me or possessed by ERGO for the purpose of enabling ERGO to provide me with services required of an insurance provider, such as evaluating, processing, administering, and/or managing of my relationship and policies with ERGO. This includes among other things policy servicing, processing, investigating, handling, administering and/or settling my/our claim with ERGO or other insurers;
- b. ERGO may/will disclose and transfer my/our personal data to third parties, including but not limited to its affiliates, representatives, agents and third party service providers, lawyers/law firms, whether located within or outside Singapore, for one or more of the above purposes, and the said third parties may/will subsequently collect, use, disclose and/or process my/our personal data for or more of the above purposes;
- c. The personal data protection clauses herein are not exhaustive. I/we have read, understood and accept the terms of ERGO's *Personal Data Protection Policy* at <http://www.ergo.com.sg/pdpa>;

If I/we provide personal data of a third party (e.g. information of insured persons, beneficiaries, beneficial owners, dependents, customers, payees and/or employees) to ERGO, I / we represent and warrant to ERGO that prior consents have been obtained from each of the third parties to provide such information.

Name of Claimant

NRIC/FIN/WORK PERMIT NO.

Signature of Claimant

Date (DD/MM/YYYY)

Signature of Policyholder
(Name of employee and Company's stamp)

Date (DD/MM/YYYY)