

## CLAIM FORM - WINDSCREEN

Policy No.: \_\_\_\_\_ Insured: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Vehicle No.: \_\_\_\_\_ Make/ Model: \_\_\_\_\_

Please note:  
The acceptance of this form is NOT an admission of liability on the part of EQ Insurance Company Limited.

### SECTION 1 - PARTICULARS OF DRIVER

Name:	NRIC / Passport No. :
Address:	
Postal Code (                      )	
Email:	Contact No.: (Home)                      (Office)                      (Mobile)

### SECTION 2 - BRIEF DESCRIPTION OF ACCIDENT

Date:	Time:
Location:	
<input type="checkbox"/> Hit by stone while driving                      Others: <input type="checkbox"/> Hit by unknown object while driving <input type="checkbox"/> Parked & found damage	

### DESCRIPTION OF DAMAGE WINDSCREEN

<input type="checkbox"/> Windscreen Front	<input type="checkbox"/> Door Glass Front (Left/ Right)	<input type="checkbox"/> Others:
<input type="checkbox"/> Windscreen Rear	<input type="checkbox"/> Door Glass Rear (Left/ Right)	

### CONDITION OF DAMAGE

<input type="checkbox"/> Shattered	<input type="checkbox"/> Cracked	<input type="checkbox"/> Scratched	<input type="checkbox"/> Chipped
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### SECTION 3 - PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessary for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

#### A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- a. carrying out identity checks;
- b. deciding whether to insure or continue to insure you and your insured persons;
- c. providing advice for product recommendation based on your profile;
- d. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- e. communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- f. responding to your inquiries or instructions and providing ongoing services, under your policy;
- g. making or obtaining payments and recovering any debt owed to us;
- h. detecting and preventing fraud, unlawful or improper activities;
- i. conducting market research and statistical analysis;
- j. coaching employees for customer service quality assurance;
- k. reinsuring risks and for reinsurance administration; and
- l. complying with all applicable laws, including reporting to regulatory and industry entities.

**B. Disclosure of Data**

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- a. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- b. Medical Professionals and Institutions;
- c. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- d. Debt collection agencies;
- e. Dispute resolution parties;
- f. Parties that assist us to investigate, administer and adjudicate claims;
- g. Financial institutions;
- h. Credit reference agencies;
- i. Industry associations; and
- j. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

**C. Personal Data Access and Amendments**

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

**D. Marketing Option**

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication. ;

- Telephone call     
  Text Message     
  Mail     
  Email

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

**E. Withdrawal Option of the collection and use of your personal data**

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to [dpo@eqinsurance.com.sg](mailto:dpo@eqinsurance.com.sg).

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

**SECTION 4 - DECLARATION BY CLAIMANT**

I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damages sought unjustly to benefit by an fraud or willful representation and that the information given on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Policyholder's Signature  
 and Company Stamp  
 (where applicable)

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)

\_\_\_\_\_  
 Witness by Workshop Personnel