

Tenet Insurance Company Ltd

(A member of Sampo Japan Group)
50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623
Tel: 6221 2211 Fax: 6221 3302
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



MOTOR WINDSCREEN CLAIM FORM

Important Notice:

The acceptance of this form is NOT an admission of liability on the part of the Company.

Procedure for submitting a Windscreen Claim

- 1) Check your policy to ascertain the type of plan that you have:
 - a) For ExcelDrive Prestige Plan you may have your windscreen repaired at any of our authorized workshops as well as the manufacturer's workshop.
 - b) For all other plans, you must have your windscreen repaired at our authorized workshops.
- 2) Select a workshop from the list attached to your policy or check our website www.tenetinsurance.com / Personal Coverage / Motor / Claims / Approved Reporting Centers. The workshop list is subject to change from time to time.
- 3) Bring your vehicle to the workshop at your preferred location - the workshop will arrange for photographs to be taken and a repair quotation to be sent to us.
- 4) We will verify the details and will authorize repairs within 1 working day if details are in order.
- 5) For private cars, only one windscreen reinstatement (additional premium is payable) will be allowed per policy year. For commercial vehicles, there will be no reinstatement of windscreen allowed. Any subsequent windscreen claim will be treated as an Own Damage claim under the policy and will affect your NCD.

Agency _____ Policy / Certificate No _____

A. INSURED'S DETAILS

1a. Name
 Dr/Mr/Mrs/Ms _____
 b. Address _____
 c. NRIC / Passport Number _____ Date of Birth _____
 Business / Occupation _____
 d. Contact Number _____ Email Address _____

B. DRIVER (AT TIME OF ACCIDENT) DETAILS (to be completed if driver is not the insured)

a. Name
 Dr/Mr/Mrs/Ms _____
 b. Address _____
 c. NRIC / Passport Number _____ Date of Birth _____
 Occupation _____ Relationship to insured _____
 d. Contact Number _____ Date of issue / expiry of driving license _____ / _____

C. VEHICLE DETAILS

1a. Vehicle number _____ Year of Manufacture _____
 b. Make and Model of vehicle _____
 2. Circumstances of Claim
 a. Date / Time / Location of Accident
 Date: _____ Time: _____ Location: _____
 b. Please state exactly what happened including nature of damage

DECLARATION

I declare that the particulars stated above are true and correct 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.

_____	_____	_____
Insured's Signature	Driver's Signature	Company chop if applicable
_____	_____	_____
Date	Date	Date