

Windscreen claim form

Please fill in this windscreen claim form and send it to us for approval.

Income collects, uses and discloses the information on in this claim form for insurance and claims administration purposes.

For more details on Income's Privacy Policy, please visit www.income.com.sg/privacy-policy

Policy number	Name of policyholder		
Expiry date of policy (dd/mm/yyyy)	Vehicle number	Date of incident (dd/mm/yyyy)	Time of incident HH:MM (24-hour clock)
Brief description			
Name and address of workshop			

Details of driver

Name (as shown in NRIC)	NRIC number
Contact number (H) (O) (Hp)	Email
Address	

General information

Please complete and submit the form to our windscreen specialist, along with your personal identification and any other supporting documents. You may need to pay the Windscreen Excess to the windscreen specialist.

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/ or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/ or customise their products/ services and/ or to provide you with their respective products /services, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Declaration by person reporting

1. I cannot alter any of the wordings in this claim form. Any attempt to do so will have no effect.
2. I declare that the answers given in this form are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. I understand that Income may reject the claim if I have not given any relevant information or it is later proven that it is false or I have deliberately not included it.
3. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS) above. I further confirm on the representation and warranty made in the PDUS.
4. I confirm that I am authorised to disclose information (including personal information) about the driver if this claim is made on behalf of them.
5. I confirm that all copies of the claim documents that I have submitted to Income are copies of the original documents and I agree to retain all original documents for a period of 6 months from claim submission date for Income to verify its authenticity. I am aware that Income may reject any claim if any copy submitted is not a copy of the original document and may recover any payment made to me.
6. I understand that I must give Income all documents, authorisations or information required by Income to assess the claim. If I fail to co-operate with Income in administering and processing the claim, I am aware that the assessment of the claim may be delayed, or Income may reject the claim.
7. I agree to authorise Income to repair the damage including the right to arrange for my vehicle to be repaired at another workshop if Income decides to accept legal responsibility for this claim.
8. I understand that the information collected on this form will be kept and used by Income for investigation and administering claims, fraud detection and underwriting future insurance applications.
9. I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.

Signature of driver

Date (dd/mm/yyyy)

Time

For official use

Staff name

Date (dd/mm/yyyy)

Time

Reporting centre