



**SHC CAPITAL LIMITED**

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RCB Registration No.: 199305211H

**WINDSCREEN DAMAGE CLAIM FORM**

The Insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company.

Name of Insured \_\_\_\_\_ I/C No. \_\_\_\_\_

Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Vehicle No. \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone No. \_\_\_\_\_

Make and Type \_\_\_\_\_ c.c. \_\_\_\_\_

**Particulars of person driving at time of accident:**

Name \_\_\_\_\_ I/C No. \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Particulars of accident:**

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Explain exactly how the accident happen.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_