



Allianz Insurance Company of Singapore Pte Ltd
 3 Temesek Avenue #09-01 Centennial Tower Singapore 039190
 Telephone: (65) 6297 2529 Telefax: (65) 6297 1956
 Company's Registration No: 199000540G

**REPORT OF BRAKAGE OF GLASS IN
 WINDSCREEN OR WINDOW**

Name: _____

Address: _____

Telephone: _____ (Home) _____ (Office)

Policy No: _____ **Expiry:** _____

Vehicle No: _____ **Make:** _____

Model: _____ **Cubic Capacity:** _____

Date of Incident: _____ **Time:** _____

Place: _____

Damage: (a) Front or Rear Windscreen or Window
 (Delete which is inapplicable)

(b) Is there further damage to the Motor Vehicle?
 No/Yes _____

(c) Do you hold anybody liable for the damage?
 No/Yes _____

Estimate Cost of Replacement: _____

Name and Address of Workshop: _____

Description of incident: _____

DECLARATION

I/We hareby declare that these particulars are true to the best of my/our knowledge and belief.

Date

**Signature of Policyholder and
 Company's Stamp if applicable**