Liberty Pte. Limited
One Raffles Quay #40-01 North Tower
Singapore 048583
Tel: 1800-LIBERTY (5423 789)
UEN | GST Reg. No. 201538069C
libertyinternational.com/sg

Claim Form – Windscreen/Parked Damage

Please complete all sections to facilitate the processing of your application. This form is issued without admission of liability and it must be completed and returned to us immediately, whether or not a claim is made. Any documentary proof or report required by Liberty shall be furnished at the expense of Policyholder or Claimant. Please submit the completed and signed claim form together with supporting documents to: Claims_admin.sg@libertymutual.com.

Details of Policy

Name of Policyholder: _____		Policy No.: _____
Make & Model: _____	Vehicle No.: _____	Year of Manufacture: _____
Period of Insurance: From _____ To _____		

Particulars of Driver Who Last Drove the Vehicle (if different from Policyholder)

Name of Driver: _____		NRIC/FIN No.: _____
Mailing Address: _____		Postal Code ( )
Occupation: _____	Contact No.: _____	Authorised to drive vehicle by owner: Please select
Email: _____		

Brief Statement of Circumstances

Date: _____	Time: _____	Location: _____
Nature of Damage (please attach a copy of police report lodged): Please select		Please enter the vehicle no. if you choose “Hit by Vehicle” under Nature of Damage: _____
Description of Damage: Please select	Condition of Damage: Please select	

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Bank Account Information for Electronic Transfer

Name of Bank:	Bank Code:	Branch Code:
_____	_____	_____
Bank Account No.:	**Name of Bank Account Holder:**	
_____	_____	

I agree to hold Liberty Pte. Limited harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given above.

DECLARATION

a) 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 damage or exaggerated the claim or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim. I understand Liberty reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.

b) I authorise the release of any medical information necessary to process this claim.

c) By signing this form, I/we consent to Liberty Pte. Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

_____ _____

Date Signature of Owner
(Company stamp, if applicable)

_____ _____

Date Signature of Driver
(Company stamp, if applicable)