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 hereby 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**