

Serial No. :



**RHB INSURANCE BERHAD** (Co. No. 38000-U)

LEVEL 12, WEST WING, THE ICON, NO.1, JALAN 1/68F, JALAN TUN RAZAK, 55000  
KUALA LUMPUR  
TEL: 603-2180 3000 FAX (Claims): 03-2161 6322

## CLAIM FORM - WINDSCREEN

Vehicle No. : \_\_\_\_\_  
Policy No. : \_\_\_\_\_  
Policy Inception Date : \_\_\_\_\_  
Windscreen Sum Insured : \_\_\_\_\_

### Particulars of Insured / Driver

Name of Insured : \_\_\_\_\_  
Name of Driver : \_\_\_\_\_  
(If driver is not the insured)  
Contact No. : \_\_\_\_\_  
Relationship : \_\_\_\_\_

### Particular of Accident / Loss

Date of Loss : \_\_\_\_\_  
Cost of Repair : \_\_\_\_\_  
Circumstances of Accident : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

\_\_\_\_\_  
Signature of Driver  
Date:

\_\_\_\_\_  
Signature of Policyholder  
Date:

### Documents checklist:

#### **Compulsory / Optional**

- Completed Claim Form duly signed/stamped by the Insured and driver
- Original invoice with breakdown for cost of glass and labor / tinting (both old and new)
- Clear photographs showing the damaged windscreen:
  - before repair/replacement
  - in the midst of repair/replacement
  - dismantled damaged windscreen
  - after repair/replacement showing the brand logo and photograph of road tax
  - **tinted film peeled off from the damaged windscreen (if applicable)**
  - chassis number of the vehicle
- Copy of updated vehicle registration card
- Copy of identity card and driving license
- Copy of driver's identity card and driving license (if applicable)
- Authorization letter for payment from Insured
- E-payment registration form for direct payment to policyholder (if applicable)