

## MOTOR ACCIDENT ADVICE FORM

( Applicable to Windscreen Claim )

Agency		Claim No	
<b>1) PARTICULARS OF INSURED</b>			
Name		Policy No	
Address		Contact Nos (H) (HP)	
Occupation		Registration No	Make
Year Model		C.C./ Tonnage	Amount Insured
<b>2) ACCIDENT INFORMATION</b>			
Date of Accident		Time	
Place		Approximate Speed	
Name of Police Station Reported To			
<b>3) PARTICULARS OF DRIVER</b>			
Name of Person driving your vehicle		Age	Address
Licence No		Date of Expiry	Relationship to owner
If Assured was not driving, does driver own a motor vehicle ? If so, please state:			Contact Nos
Your Car No	Name of Insurance Co	Occupation of Driver	(H)
			(HP)
<b>4) DETAILS OF DAMAGE TO YOUR VEHICLE</b>			
<b>5) DAMAGES TO THIRD PARTY PROPERTY</b>			
a. Registration Number(s) and details of damage to the other vehicle(s) involved			
b. Any other property			
<b>6) INJURY TO PERSONS</b>			
Name	Address	Extend of Injury	
<b>7) WITNESS</b>			
Passenger's Name	Address	Other Witness Name	Address
8) Have you obtained an estimate for repair ? If so, give name of repairers and amount of estimate.			
No liability attaches this Company UNLESS the vehicle is inspected after accident and the estimate for the cost repairs approved.			

**DETAIL OF ACCIDENT**

PLEASE EXPLAIN CLEARLY THE CIRCUMSTANCES UNDER WHICH THE ACCIDENT TOOK PLACE.

SKETCH:

**NOTE:-** Every communication you receive in connection with this matter should be forwarded to the Company without delay.

**DATA PRIVACY STATEMENT**

In accordance with the Personal Data Protection Act 2012, I consent to the collection, use, disclosure of and/or process of my personal data (whether contained in the Claim Form or otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore's Do Not Call Registry)

Yes, I have read and agreed to the above Data Privacy Statement.

.....  
Signature of Claimant

Name:  
NRIC/FIN/Passport No

\_\_\_\_\_ *Date*                      \_\_\_\_\_ *Insured Signature*                      \_\_\_\_\_ *Driver Signature*

**FOR OFFICE USE ONLY**

**NAMED DRIVERS:-**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**ENDORSEMENTS:-**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**PERIOD OF INSURANCE:-**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCESS:-**

- a. **Section I**                      :-
- Section II**                      :-
- b. **Unnamed Driver**                      :-
- TOTAL**                      =
- NO CLAIM BONUS**                      =