

MOTOR ACCIDENT ADVICE FORM

(Applicable to Windscreen Claim)

Agency	AUTOSHIELD PTE LTD / AN0567A		Claim No		
1) PARTICULARS OF INSURED					
Name				Policy No	
Address				Contact Nos (H) (HP)	
Occupation		Registration No		Make	
Year Model		C.C./ Tonnage		Amount Insured	
2) ACCIDENT INFORMATION					
Date of Accident				Time	
Place				Approximate Speed	
Name of Police Station Reported To					
3) PARTICULARS OF DRIVER					
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)	
4) DETAILS OF DAMAGE TO YOUR VEHICLE					
5) DAMAGES TO THIRD PARTY PROPERTY					
a. Registration Number(s) and details of damage to the other vehicle(s) involved					
b. Any other property					
6) INJURY TO PERSONS					
Name		Address		Extend of Injury	
7) WITNESS					
Passenger's Name		Address		Other Witness Name	
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**
- =