



MOTOR ACCIDENT ADVICE FORM

(Applicable to Windscreen Claim)

Agency				Claim No.	
1) PARTICULARS OF INSURED					
Name				Policy No.	
Address					
Registration No.		email address		Contact Nos(H) (HP)	
2) ACCIDENT INFORMATION					
Date of Accident					
Place					
Police report	Yes/No	POLICE STATION NAME			
3) PARTICULARS OF DRIVER					
Name of Person driving your vehicle				Date of birth	
Address block code/street name/#unit/building/estate name/country name/ post code					
Identification type		Identification No.		Contact Nos(H) (HP)	
Licence No.		Licence pass date			
Nationality		Gender			
Relationship to owner					
4) DETAILS OF ACCIDENT TO YOUR VEHICLE					
Front	description				
DETAIL OF ACCIDENT					
<p>NOTE:- Every communication you receive in connection with this matter should be forwarded to the Company without delay.</p> <p style="text-align: center;">DATA PRIVACY STATEMENT</p> <p>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 Taping 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 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 (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore's Do Not Call Messaging Service Registry)</p> <p>Yes, I have read and agreed to the above Data Privacy Statement.</p> <p>Name: NRIC/FIN/Passport No</p>					
Date	Insured Signature/company stamp			Driver Signature	