



MOTOR VEHICLE ACCIDENT REPORT FORM
(For Windscreen Claim Only)
Fax No. 6221 2101

The issue and acceptance of this form is not an admission of liability on the part of the company

N.B. ALL QUESTIONS MUST BE ANSWERED

*** Please also let us have copies of both sides of the driver's driving licence and identity card**

Name of Insured _____ Occupation: _____

Address _____

Tel _____ Vehicle No. _____ Make & Model _____

Policy No. _____ Effective From _____ To _____

PERSON DRIVING AT THE TIME OF THE ACCIDENT :

Name _____ NRIC/Licence No. _____ Tel: _____

Address _____

Relationship to insured _____ Age _____ Driving experience _____

DETAILS OF LOSS:

Date _____ Time _____ Place _____

Explain fully how the loss happened:

Please note that repairs should not be commenced without our prior approval.

Name of workshop _____

Contact person & Number _____

Give full particulars of damages sustained on the Vehicle.

I understand, acknowledge, agree and consent that :

(a) Tokio Marine Insurance Singapore Ltd ("TMI^S"), _____ (WORKSHOP) and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by TMI^S (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this windscreen claim or accident.



TMiS, all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the “**Insurers**”), the Insurers’ lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the “**Purposes**”)

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers’ lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Declaration

I hereby declare that, to the best of my knowledge and belief, the above statements and particulars are fully and truly made.

Driver’s Signature (If driver is not the policyholder)

Witnessed by Workshop Personnel

Signature of Insured (with company rubber stamp if applicable)

Date _____

If you receive any communications in any way connected with the accident, please forward them to us immediately.