

**MOTOR ACCIDENT ADVICE FORM (APPLICABLE TO WINDSCREEN CLAIM)**

This form is issued on a without admission of liability. Please complete all sections to facilitate the processing of your application. Any documentary proof or report required shall be furnished at the expense of the policyholder or claimant within 30 days from the date of the event.

**1 Particulars of Insured** (Please attach a copy of your Identity Document)

Name		Policy Number
Address		
		Postal Code:
Contact No.		Email address
Home:	Mobile:	
Occupation		Registration No.
Make	Year Model	

**2 Accident Information**

Date of Accident	Time of Accident	Location of Accident

**3 Particulars of Driver**

Name of Person Driving Your Vehicle		Age
Address		
		Postal Code:
Licence No.	Date of Expiry	Relationship to Owner
Contact No.	Email address	
Home:	Mobile:	

**4 Details of Damage to Your Vehicle**

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## 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 Details 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.

## 7 Personal Data Collection Statement

### 1. Consent to Privacy Policy

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on CTPIS website at [www.sg.cntaiping.com/en/privacypolicy](http://www.sg.cntaiping.com/en/privacypolicy), as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Application Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

### 2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

Email       Mail       SMS and other phone-based messages       Voice call

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

- (i) I / We have read and understood the provisions in this form;
- (ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at: <https://bit.ly/marketingconsent>.
- (iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

Signature of the Insured

Date (DD/MM/YYYY): .....

Signature of Driver

Date (DD/MM/YYYY): .....