

MOTOR ACCIDENT ADVICE FORM (APPLICATE TO MOTOR EXCESS PROTECTOR 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

Name of Policyholder (as per NRIC / FIN / Passport)		Policy Number	
NRIC / FIN / Passport No.		Date of Birth	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Address			
Postal Code:			
Contact No.		Email address	
Mobile:	Alternate:		
Vehicle Registration Number		Make	Year Model
Is the Policyholder / Insured Person the vehicle owner of the vehicle at the time of the accident? <input type="radio"/> Yes <input type="radio"/> No			
If yes, please provide a copy of the comprehensive motor vehicle insurance. If no, please provide a copy of the rental vehicle agreement.			

2 Details of Loss / Accident

Date of Loss / Accident	Time of Loss / Accident	Location of Loss / Accident
Any other similar policy coverage under another insurance company? If yes, please specify under which company. <input type="radio"/> Yes <input type="radio"/> No		
SECT I EXCESS Amount (OWN DAMAGE)		SECT II EXCESS Amount (THIRD PARTY DAMAGE)

3 Supporting Documents

To facilitate consideration of your claim, please ensure that you submit the essential or necessary documents together with this form as soon as available (Where applicable).

1. Driving License and / or Private Hire Car Driver Vocational License (PDVL) / Taxi and Private Hire Car Driver's Vocational License (TPDVL) or any relevant regulatory licence required to operate the Motor Vehicle Yes No
2. Motor Insurance Policy Yes No
3. Damage assessment report Yes No
4. Proof of final repair invoice from the motor vehicle authorized / licensed motor vehicle repairer showing your covered excess. Yes No
5. Any reports pertaining to the accidental damage which were obtained from the police, motor insurance provider or rental vehicle company. Yes No
6. Singapore Accident Statement (SAS). Yes No
7. Discharge letters or Satisfaction vouchers issued by the motor insurance provider or rental vehicle company. Yes No
8. Proof of payment of the covered excess. Yes No

4 Payment Details

Please select preferred payment mode: Giro PayNow

Name of Bank	Bank Account Number	Bank Code
Name of Bank Account Holder (as per Bank's record)	UEN / NRIC (Applicable for PayNow only)	
Email for notification of successful transfer (Please provide only 1 email address)		

I agree to indemnify and hold China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS") harmless against any and all losses (whether direct, indirect, special or consequential) suffered by me or any third party arising from or in connection with CTPIS accepting and acting on my instruction set out above except where such loss is attributable solely to the gross negligence or willful default of CTPIS. I authorise CTPIS to effect payment in accordance with the instructions set out above.

5 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, 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.

<p>Signature with Company Stamp (if applicable)</p> <p>Name and Designation of Policyholder:</p> <p>Date (DD/MM/YYYY):</p>	<p>Signature of Insured Person</p> <p>Name of Insured Person (if different from Policyholder):</p> <p>Date (DD/MM/YYYY):</p>
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