

**MOTOR VEHICLE ACCIDENT REPORT FORM**

(For damage to windscreen or vehicle whilst parked)

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

**THE INSURED**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (Office) \_\_\_\_\_ (Res.) \_\_\_\_\_ H/P/Pgr \_\_\_\_\_

Vehicle No.: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_ C.C \_\_\_\_\_ Year: \_\_\_\_\_

Policy No. \_\_\_\_\_ Insurance Period \_\_\_\_\_ To \_\_\_\_\_

**DETAILS OF LOSS :**

Date / \_\_\_\_\_ Time / \_\_\_\_\_ Place / \_\_\_\_\_

Explain fully how loss happened:

If Windscreen is damaged whilst driving,

Name of Driver \_\_\_\_\_ Address \_\_\_\_\_

Licence No. \_\_\_\_\_ Expire On \_\_\_\_\_ Tel: \_\_\_\_\_

**Please note that repairs should not be proceeded without our approval.**

State name of workshop \_\_\_\_\_

If other damage is also sustained by the vehicle, please provide details.

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

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of Insured (if Company, please stamp and indicate the name of the person signing the form)

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

**FOR OFFICE USE ONLY**

Sum Insured: \_\_\_\_\_ Add. Cover: a) W/S \_\_\_\_\_

Excess: (Section I) \_\_\_\_\_ H/P \_\_\_\_\_ Agency \_\_\_\_\_

Premium \_\_\_\_\_ NCD \_\_\_\_\_ R.I. \_\_\_\_\_

## Declaration

I/ We declare that the above information is true and complete to the best of my/our knowledge and belief and I/we claim in respect thereof the protection of my/our policy. I / We hereby acknowledge, consent and agree that –

- (i) MS First Capital Insurance Ltd (MS FCIL) may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as MS FCIL deem relevant for the purposes as contemplated in this form including but not limited to policy servicing, processing, investigating, handling, administering and/or settling my / our claim with MS FCIL or other insurers;
- (ii) MS FCIL may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;
- (iii) the personal data protection clauses herein (“DPC”) are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Act 2012 as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Act 2012, the latter shall prevail;
- (iv) if I / we provide third parties’ personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to MS FCIL, I / we represent and warrant to MS FCIL that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Act 2012; and
- (v) I / We shall indemnify MS FCIL for all losses and damages which may be suffered by MS FCIL arising out of the breach of the declarations, representations and/or warranties herein.

Insured’s signature with Company’s stamp: \_\_\_\_\_ Name & Designation of Signor \_\_\_\_\_ Date : \_\_\_\_\_