



MOTOR THEFT (MT) CLAIM FORM

Agency/Broker: _____

MT Policy No.: _____

IMPORTANT

1. This form is issued and/or accepted without admission of liability.
2. The insured must complete this form fully and accurately.
3. The list of documents required is not exhaustive and we reserve the right to request from you any additional information/documentation, as necessary.

1. Details of Driver

Name (as shown in NRIC)			NRIC/Passport No.		
Date of Birth (dd/mm/yyyy)			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status
Vehicle Number		Pass date of driving license		Is your occupation	
				<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
Contact No. (H)	(O)	(HP)		Email	
Address			Relationship to insured		
Purpose for which the vehicle was used at the time of the theft					

2. Brief Description of Theft

Date/Time of Theft		Place of Theft	
Brief description of event leading to theft			
Documents to be submitted	<input type="checkbox"/>	Driver's NRIC	
	<input type="checkbox"/>	Driver's license	
	<input type="checkbox"/>	Singapore police report	
	<input type="checkbox"/>	Malaysian police report if vehicle stolen in Malaysia	
	<input type="checkbox"/>	Medical bills (if applicable)	

DECLARATION

- i. I declare that the above statements and answers are true and complete to the best of my knowledge and belief.
- ii. I understand that you may reject my claim if I have not given any relevant information or it is later proven that it is false or I have deliberately not included it.
- iii. I agree to authorize you (ECICS Limited) to repair the damage to my vehicle in a reasonable time including the right to arrange for my vehicle to be repaired at another workshop if you decide to accept legal responsibility for this claim.

NOTICE: Personal Data Protection Policy

We/I understand, acknowledge, agree and consent that:

- a) ECICS Limited (the “Insurer”) is permitted to collect, use, disclose and/or process my personal data/personal information set out in this Claim Form and any other personal information provided by me or possessed by ECICS Limited (collectively the “Personal Information”) and disclose and transfer such Personal Information to the Insurers’ lawyers/law firms, Insurers’ doctors, 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
 - (ii) investigations relating to the claims;
 - (iii) investigating my claims
 - (iv) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (v) 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
 - (vi) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the “Purposes”)

- b) the Insurers’ lawyers/law firms, insurer’s doctors, adjuster 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 Singapore, for one or more of the above Purposes.

Note: ECICS Limited Privacy Policy can be found at <http://www.ecics.com.sg/pers.htm>

Signature of Driver

Date / Time: