

# NATIONAL Assessment Centre Services. (v1.1 1/1/00)

NA18015509

Date In: 31/01/2018 17:02	Job description	Date & Time Completed	Done by
Ref No: N88/acc18001960/Y	SAS e-tiling		
Veh No: 623850Z	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 12/01/2018 15:46	E-Motor Claim Form	mt0979339-002	31/01/2018 18:05
OD / TP <u>Reporting Only</u>	E-Motor Y/O (within 24 hrs, TP 2hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assl Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars	Yell No: FR 2219H	INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	% (Note: Est. Status (WO): N: 0-20%, P: 21-79%, P: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Removals:	URGENTLINE: 6788 0000	D.O.A: Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury:

Date/Time	Actions

NA1800693	Invoice / Deduction / Chk / Wks	Bill / Red Bill
Humanis Services:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$20)	
Contact No:	3) TP: Towing Fee (\$40/\$4)	
Damaged Portion:	4) PT: Follow-Through Survey (\$120)	
	5) PT: Follow-Through Survey (Resurvey) (\$20)	
	For claiming against INC Only (over 10 Jan 2018)	
	6) TR: Re-inspection (\$11)	
	7) HI: Insp DA + SMRT Survey (\$140)	
	8) NTUC Additional Services	
C. Checked by (Sign-In-Charge):	9) Q11:	
	10) NI: Courtesy Car / Tpl Allowance (\$1)	
	11) NI: Repair Coordination (\$10)	
	12) NI: Post Repair Inspection (\$11)	
	13) NI: DY / Collect Unacc Coordination (\$1)	
	14) IE (Nil): TP (Non-INC) against INC (\$30)	
	15) NTUC Mobile (\$10)	
	Invoice dated	Not Charged
	Customer Paid	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	31/01/2018 17:02
Date Of Accident	12/01/2018 15:40
Exact Location Of Accident	BLOCK 7 PIONEER ROAD INDUSTRIAL EATSTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3850Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	R W MARINE SERVICES PTE LTD
Co Reg No	201004026Z
Email Address	OPS@RWMARINE.COM.SG
Mobile Phone No	(LOCAL) +65-96249372
Alternative Phone No	OFFICE-62644335

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5080465215-01
Cover Note Number	

### Driver

Name of Driver	MOHD KHAIRULLAH BIN ISHAK
Passport No/FIN	F8468878U
Date Of Birth	08/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2001
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96249372
Fax Number	
Contact Number	OFFICE-62644335
EMail Address	OPS@RWMARINE.COM.SG

Address	100D PASIR PANJANG ROAD #04-11
Postcode	118520
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 12/01/2018 AT ABOUT 15:40HRS I WAS AT BLK 7 PIONEER ROAD TO BUY GOODS FROM THE HARDWARE AND AFTER THAT I WANTED TO MOVE AND SUDDENLY I HEARD A SOUND AND I LOOK AT THE LEFT MIRROR AND SAW A MOTOR CYCLE. I CAME DOWN AND SAW A MOTOR NUMBER FR2219H TOPPLE DOWN I HELP TO BRING THE MOTOR UP AND THE OWNER CAME OUT AND I TOLD HIM THAT I AM WILLING TO SETTLE THE MATTERS BUT THE OWNER WANTED TO CLAIM INSURANCE. ON 30-01-2018 I RECEIVED A LETTER THAT THE RIDER WANTED TO CLAIM \$3,550 BUT THE DAMAGE THAT I TOOK PHOTOS IS ONLY THE CLUTCH LEVER AND I HAVE ATTACH THE PHOTO WITH MY REPORT THAT ALL.

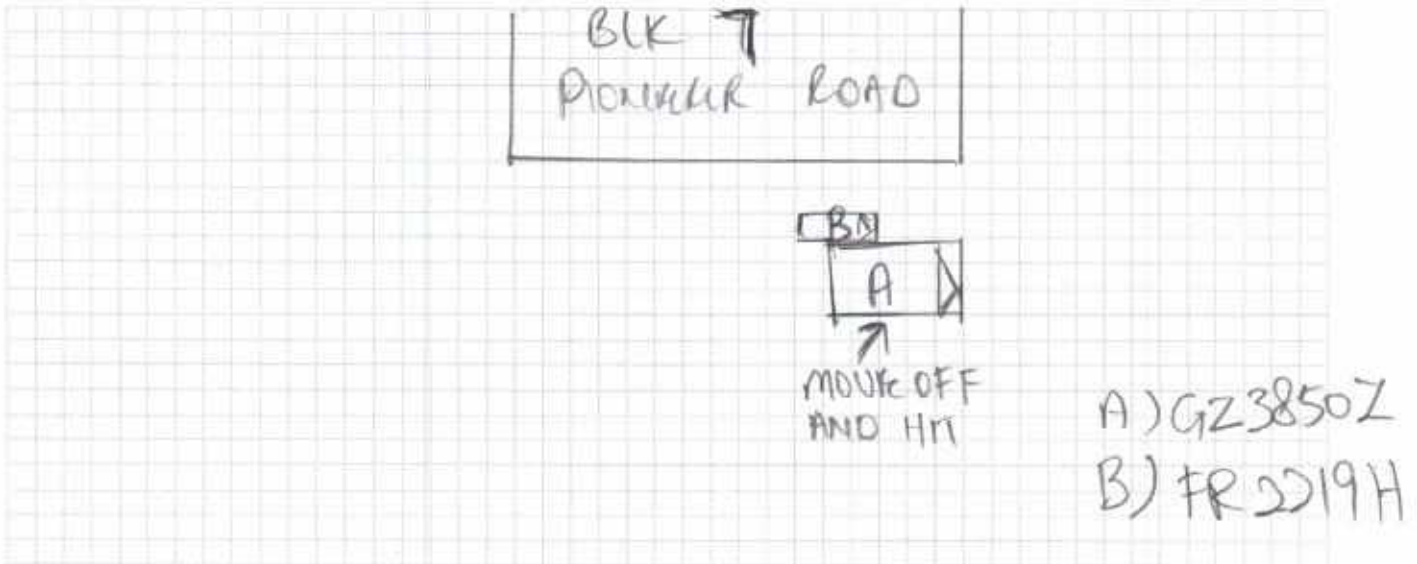
#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FR2219H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Res Li Wai Hoo  
NRIC/FIN No.:



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my 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 my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

31/01/2018  
ROSE WONG





FIRE  
REEL

°FR°  
2219H

MARINE SERVICES PTE LTD

31/01/2018





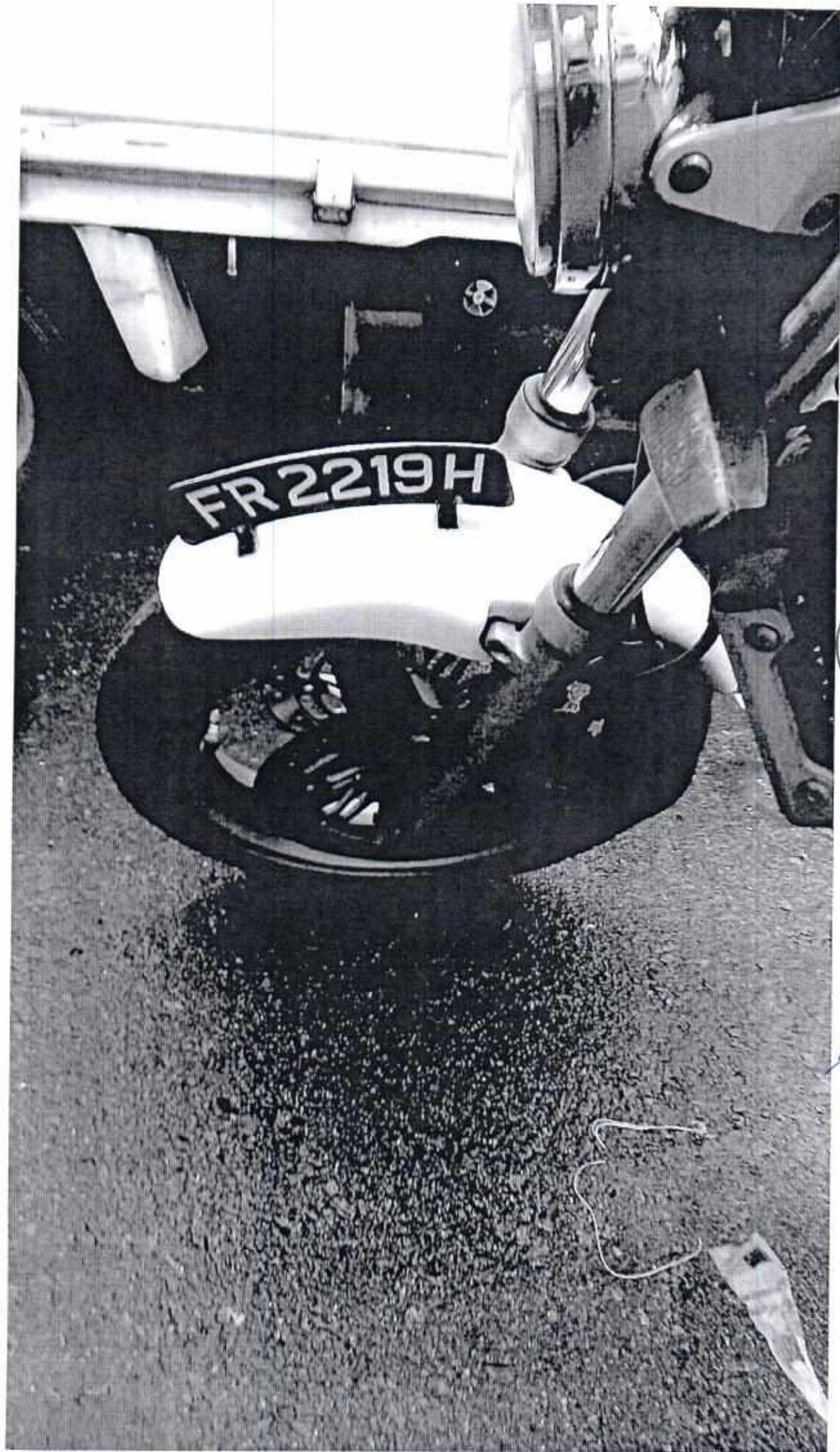
31/01/2018





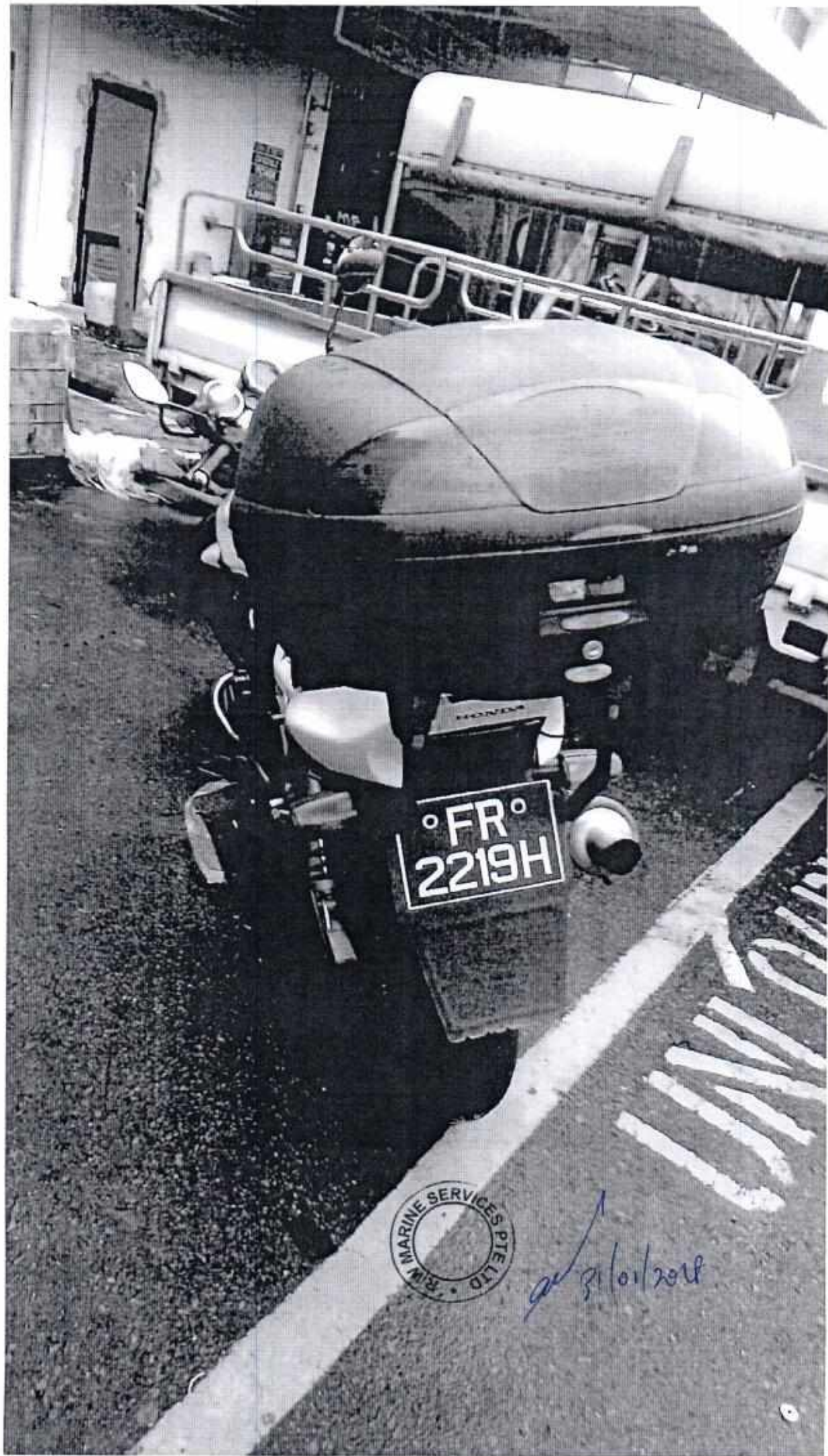
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31/01/2018





31/01/2018







## Claim Handling

Accident MT/0979339

Policy No.	5060465215-01	Vehicle No.	GZ3850Z	GST Registration No.	
Policyholder Name	R W MARINE SERVICES PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE (INSUR)	Contact No.(Office)		Loading	
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	Na	Private Hire		Not available	

➤ **Accident Details**

Report Date	24/01/2018 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Ped
Date of Accident	12/01/2018	Time of Accident hh:mm	15:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIONEER ROAD INDUSTRIAL ESTATE				

➤ **Benefits**

➤ **Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

➤ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/09/2011
GST Registration No.	201004026Z	GST Status Verified	Yes
Modification History	25/01/2018 13:34:52 Nur Shahira Hassan changed GST Registered from No to Yes 25/01/2018 13:34:52 Nur Shahira Hassan changed GST Registration No. from null to 201004026Z 25/01/2018 13:34:52 Nur Shahira Hassan changed GST Registration Date from null to 01/09/2011		

➤ **Policyholder Mailing Address**

Address 1	1000 PASIR PANJANG ROAD	Address 2	#04-11 MEISSA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-11	Related Policy Number	5065079553-03		

➤ **OI Driver Info**

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No.(Mobile)		Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	R W MARINE SERVICES PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GZ3850Z	TP Vehicle Number	
Claim Description	GZ3850Z / FR2219H ON 12 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	31/01/2018 18:04	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☐ Print AK letter













Save Submit

## Attachment

Accident No.	MT/0979339	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2018 18:05
Path *		Category *	
		Confidential	Urgency
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	Normal

Please Select • NCI • Normal  
  Please Select • NCI • Normal

☒ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 18:05	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 18:05	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 18:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 18:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 18:05	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 18:04	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 31 Jan 2018 18:04	Photos	Normal	Photo

☒ Video List

Uploaded By/Date	Folder Date	File Name	Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			



# ACCIDENT STATEMENT

ACCIDENT DATE: 12/1/2018 (DD/MM/YYYY), TIME: 15:40 (HH:MM)

LOCATION: Block 7, Pioneer Rd North

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ 3850 Z  
 b) INSURANCE COMPANY: NTUC Income Insurance  
 c) POLICY NUMBER: 5080465215 - 01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA / DYNA 1500  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 15:40 HRS  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: RW MARINE SERVICES PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6264 4325  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: MOHD KHAIRULLAH BIN ISHAK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: E 8468878 U CONTACT: 9624 9372  
 c) ADDRESS: 100 D Pasir Panjang Road #11-11  
MeiSSO Singapore 118520

\* d) DATE OF BIRTH: 08/11/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: class 3

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: DRY / WET / OTHERS \_\_\_\_\_

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FR 2319 H MODEL: HONDA Super Four

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

Fax =

✓ 1000

NTUC Income Insurance

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 23 Nov 2001  
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 23 Nov 2001

NP 428A

Licence No: F8468878U

NTUC Income Insurance

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: F8468878U

Name: MOHD KHAIRULLAH BIN ISHAK

Birth Date: 08 Nov 1975

Issue Date: 28 Oct 2013

Valid Till: 01 Dec 2018

002239160J

NTUC Income Insurance

Touch 'n GO

751108-01-7419-02-01  
(A3145961)

80K chip

SN: U0002P C003

NTUC Income Insurance

KAD PENGENALAN MALAYSIA IDENTITY CARD

751108-01-7419

MOHD KHAIRULLAH BIN ISHAK

NO 47  
KAMPUNG PT LAPIS BARU  
86400 PARIT RAJA  
JOHOR

WARGANEGARA ISLAM LELAKI



## THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5080465215-01
The Policyholder	: R W MARINE SERVICES PTE LTD 100D PASIR PANJANG ROAD #04-11 MEISSA SINGAPORE 118520

Period of Insurance	: 25 May 2017 To 29 Mar 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,526.43

#### Interest Insured

Cover Type	: Third Party, Fire & Theft
Make/Model	: TOYOTA/DYNA 150D
Capacity	: 1.78 ton(s)
Registration Number	: GZ3850Z
Chassis Number	: JTFUF34Y203011816
Excess (Section 1)	: N/A
Excess (Section 2)	: N/A
Hire Purchase Company	: N/A

Number of Seater	: 2
Registration Date	: 24 Mar 2006
Insure with COE	: Yes
NCD Entitlement	: 0%
Loyalty Discount	: 5%

Memo A : N/A

Endorsement Operative : M2

Agency	: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue	: 20 Mar 2017 12:18 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

RECEIVED 30 JAN 2018

Our Ref: MT/CA/TP/059/0979339-001/SG/VU

24 Jan 2018

R W MARINE SERVICES PTE LTD  
100D PASIR PANJANG ROAD  
#04-11 MEISSA  
SINGAPORE 118520

Dear Policyholder

**CLAIM NUMBER: MT/0979339-001**

**ACCIDENT INVOLVING GZ3850Z / FR2219H on 12 Jan 2018**

We would like to inform you that a claim for S\$3,550.00 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance