

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MA46892128

Date In: 17/07/2018 12:29	Job description	Date & Time Completed	Done by
Ref No: N3A/2NC/8012931/Y	SAS e-filing		
Veh No: 830 9524 G	E-mail (within 8hrs, Atc 2hrs)		
D.O.A: 09/01/2018 08:25	i-Motor Claim Form	M21002232-002	17/07/2018
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:49
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SKH771K

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%; F: 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. (

Remarks:-

(INC hotline: 6788 6616)

Date & 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

MA1804498

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:

## Invoice Preparation Checklist

Ant (\$)  
1st Bill

Ant (\$)  
Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-n INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

### 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	17/07/2018 12:29
Date Of Accident	09/04/2018 08:25
Exact Location Of Accident	BLK 352 CLEMENTI AVENUE 2 OPEN CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9524G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROHAIZAD BIN A KADER
NRIC No	S1289300J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94592767
Alternative Phone No	OTHERS-94592767

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097947900
Cover Note Number	

#### Driver

Name of Driver	BADARIAH BINTE A GHAFFAR
NRIC No	S1375107B
Date Of Birth	06/09/1959
Occupation	INDOOR
Date Of Driving Pass	21/03/1986
Driving Experience	32 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94592767
Fax Number	
Contact Number	OTHERS-94592767
Email Address	NOEMAIL



Address	BLK 352 CLEMENTI AVENUE 2 #02-97
Postcode	120352
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS BOTH PARTY REVERSE AND HIT EACH OTHER)

#### 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	SKH771K
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

## SKETCH PLAN


### IMPORTANT NOTICE


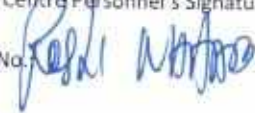
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

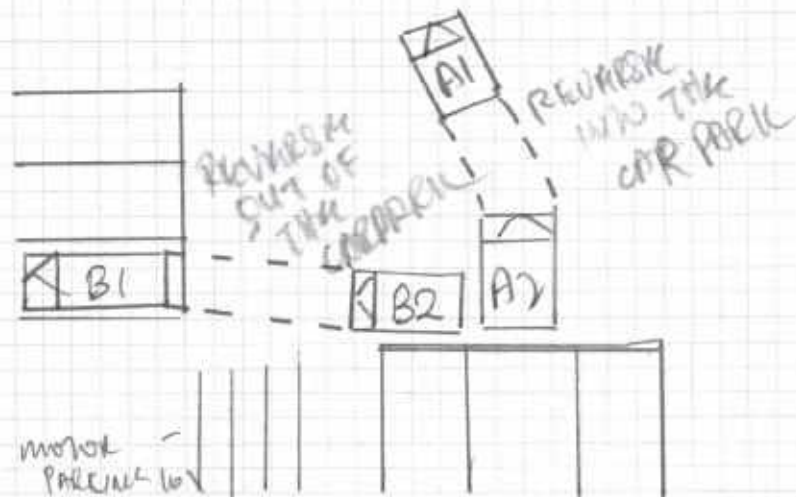
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No. 



### SKETCH PLAN

B11C 352 CLAMKARI PVK 2 OPEN SPACE CARPARK



A) S3D9524G

B) SKH 771K

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 13/07/2018 I RECEIVED FROM N7UC SAYING THAT I HAVE INVOLVED  
IN ACCIDENT ON 09/04/2018.

ON 09/04/2018 I WAS AT MY RESIDENT CARPARK BLK 352  
CLARENCE AVE & I WANTED TO REVERSE MY CAR S2D952LG INTO  
A CARPARK LOT. WHILE REVERSING I SAW ONE MY LEFT REVERSE  
& I HEARD AT HER BUT SHE KEPT ON REVERSING & HIT THE REAR  
LEFT OF MY CAR SHE CAME DOWN & SAY SORRY TO ME & TOLD ME  
THAT SHE DID NOT HEAR ANY HORNING FROM ME. SO I TELL HER  
IT WAS A MINOR SCRATCH & I SAY IT OK BUT I STILL RECEIVED  
A CLAIM FROM HER AND I DID NOT AGREE WITH THE CLAIMS.  
THAT ALL.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: [Signature]

## Claim Handling

Accident MT/1002233

Policy No.	SD97947900	Vehicle No.	SD9524G	GST Registration No.	
Policyholder Name	ROHAIZAD BIN A KADER			Policyholder NRIC	S12893001
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	Not available

## Accident Details

Report Date	09/07/2018 17:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/04/2018	Time of Accident hh:mm	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 352 CLEMENTI AVE 2 CARPARK				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 352 #02-07	Address 2	CLEMENTI AVE 2	Address 3	SINGAPORE 120352
Address 4		Address Type	Singapore address	Post Code	120352
Unit No.		Related Policy Number	SD97947900		

## DI Driver Info

Driver Name		Driver Type		Driver DOB	
(Unnamed driver name)		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	ROHAIZAD BIN A KADER	Insured NRIC	S12893001
Contact No.(Mobile)	94592767	Contact No.(Home)	67791404	Contact No.(Office)	62651030
Email Address		DI Vehicle Number	SD9524G	TP Vehicle Number	SKH771K
Claim Description	SD9524G / SKH771K ON 9 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/07/2018 12:27	Claim Close Date		Date Received	17/07/2018 00:00
Report Taken by	ROSLI WAHAB				

Print AX letter

Save Submit

## Attachment

Accident No.	MT/1002233	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	17/07/2018 12:49

Path \*

Category \*

Confidential

Urgency \*

Description \*

Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
Message Read		Clear	Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	

Send Message Unlink

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 12:49	SAS	Normal	SAS 2018-7-17		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 12:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-17		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 12:28	Photos	Normal	Photos 2018-7-17		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 12:28	Photos	Normal	Photos 2018-7-17		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Jul 2018 12:28	Photos	Normal	Photos 2018-7-17		Edit

UKIT MERAH)) on 17 Jul 2018 12:28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B  
UKIT MERAH)) on 17 Jul 2018 12:28

Photos

Normal

Photos 2018-7-17

[Edit](#)NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B  
UKIT MERAH)) on 17 Jul 2018 12:27

Photos

Normal

Photos 2018-7-17

[Edit](#)NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B  
UKIT MERAH)) on 17 Jul 2018 12:27

Photos

Normal

Photos 2018-7-17

[Edit](#)NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B  
UKIT MERAH)) on 17 Jul 2018 12:27

Photos

Normal

Photos 2018-7-17

[Edit](#)NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B  
UKIT MERAH)) on 17 Jul 2018 12:27

Photos

Normal

Photos 2018-7-17

[Edit](#)[Video List](#)

Uploaded By/Date

Poster Data

File Name



Source

Action

[Display in New Window](#)[Scan and uploading](#)

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident:	<input type="text" value="09/04/2018 12:51"/>						
Vehicle No. (For Motor)	<input type="text" value="SJD9524G"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097947900	ROHAIZAD BIN A KADER	512893001	GPC	drive CLASSIC	SJD9524G	SJD9524G	12/02/2018	11/02/2019
<input type="button" value="Continue"/>									



# ACCIDENT STATEMENT

ACCIDENT DATE: 09/04/2018 (DD/MM/YYYY), TIME: 08:45 (HH:MM)

LOCATION: BLK 352 CLEMSON AVE 2 OPKM SPARK CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SHJ 95244  
 b) INSURANCE COMPANY: MMU  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA AVALON  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: KOHARZAD BIN A KADIR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S12893003 CONTACT: 94592767  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: BADARU BIN A GHAFAR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: AS ADR  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPD 4/4

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: SKH 771K MODEL: AUDI  
 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: \_\_\_\_\_

\* No of passengers  
 (including driver)  
(1)

\* No of passengers  
 (including driver)  
(2)

\* No of passengers  
 (including driver)  
( )

email =

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1375107B



NAME  
BADARIAH BINTE A GHAFFAR

RACE  
MALAY  
Date of Birth 06-09-1959 Sex F  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1375107B

NAME  
BADARIAH BINTE A GHAFFAR

Birth Date 06 Sep 1959

Issue Date 25 Feb 2004



NRIC No. S1375107B



1284477  
Blood Group A+ Date of issue 24-07-1994

APT BLK 352 CLEMENTI AVENUE 2 #02-97  
SINGAPORE 120352

NRIC No. S1375107B Date: 15-11-2006 No. 5637795

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

PASS DATE

21 Mar 1986



NP 428A

Our Ref: MT/CA/TP/059/1002232-001/FS/VU

09 Jul 2018

ROHAIZAD BIN A KADER  
BLK 352 #02-97  
CLEMENTI AVE 2  
SINGAPORE 120352

Dear Policyholder

**CLAIM NUMBER: MT/1002232-001**

**ACCIDENT INVOLVING SID9524G / SKH771K on 9 Apr 2018**

We would like to inform you that a claim for S\$1,144.19 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