

Guidance Note

This Guidance Note is intended to assist you with your policy details and the accident reporting procedures.

If you require further assistance, please call our Command Centre (24-hour hotline) at **6789 5000**.

Ref: OF/2016-2020/ **7736**

Policy Number

5101533952

Vehicle Number

SLG 4485D

Cover Type

- ☐ Prestige ☒ Drivo Premium ☐ Comprehensive
- ☐ Prestige Third Party Fire & Theft ☐ Drivo Classic ☐ Third Party Fire & Theft
- ☐ Prestige Third Party ☐ Comprehensive (PWP) ☐ Third Party

No Claim Discount (NCD)

%

50

Excess (Subject to Prevailing GST)

Standard Excess \$ 600

Unnamed Excess \$ —

Additional Excess \$ —

Third Party Excess \$ —

NCD Protector

☒ Yes ☐ No

(1 accident within the period of insurance)

Transport Allowance

☐ Yes ☒ No

(SGD50 a day up to 7 days from the first day of repair for first 2 claims within the period of insurance)

Excess Waiver

☐ Yes ☒ No

(To waive the Standard Excess of \$600 only for first 2 claims within the period of insurance)

Accident Report to be made at any of our Income Accident Reporting Centres within 24 hours of the accident

Items to note:

- ✓ Driver of Vehicle must make report personally.
- ✓ Bring Vehicle & Vehicle Key to Reporting Centre.
- ✓ Bring Driver's NRIC, Driving Licence, Insurance Cert.

- ☐ Bring a Copy of Policyholder's NRIC (Front & Back).
- ☒ Bring Company's Stamp.
- ☐ Bring Police Report; Driver is to lodge Police Report as soon as possible or within 24 hours of the accident if the accident involves:

- Damage to government property
- Foreign vehicle
- Injury cases where anyone involved in the accident was conveyed to hospital or has obtained MC for 3 days or more
- Pedestrian / Cyclist
- Hit-and-run
- Fatality

- ✓ Your NCD will be affected if you fail to report the accident within the stipulated time.
- ✓ Submit video recording from your in-car camera if available.

Authorised Driver/Person's Name

Foo Hsin Yen

NRIC/ID no.

57902318C

Relationship to Policyholder

Owner

Contact no.

97993256

Signature

For video recording up to 10MB, you may

- email to motorvideo@income.com.sg.

For video recording more than 10MB, you may

- submit the storage device (non-returnable) at our Income branches or Accident Reporting Centres where you file your accident report.

For Official Use

Issued by

Anwar De Souza

Staff Code

S990381

Date (dd/mm/yyyy)

29/07/2018

Time

1600hrs

Motor accident report and claim form

Policy number 5101533952	Vehicle number SLG4485D	Name of policyholder SLG4485D Foo Hsin Yen
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Reason for reporting

<input type="checkbox"/> To claim for damage I have caused	<input checked="" type="checkbox"/> To make a third-party claim	<input type="checkbox"/> To report my accident only
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Brief description of accident

Date (dd/mm/yyyy) 28/07/2018	Time 1215hrs.	Type of collision head-rear	Weather condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others
Location Upper Thomson Road towards Yishun before			Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others
Was the accident reported to the police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which police station. Seraya Crescent on lane 1			

Details of driver

Name (as shown in NRIC) Foo Hsin Yen	Pass date of driving licence 26/05/2010	NRIC number S7902318C
Contact number 97993256	Date of birth (dd/mm/yyyy) 16/01/1979	Email buttervenus@gmail.com
Address 6 Jalan Sembilang Singapore 576865		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Purpose for which the vehicle was being used at the time of the accident <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Commercial <input type="checkbox"/> Private Hire <input type="checkbox"/> Others, please specify:		Is your occupation: <input checked="" type="checkbox"/> indoor? <input type="checkbox"/> outdoor?
Relationship to policyholder Owner		

Details of passenger(s)

Number of passengers(s) including Driver 02	
Name of passenger(s)	Sex
1 Kuik Beng Wee Paul	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
2	<input type="checkbox"/> Male <input type="checkbox"/> Female
3	<input type="checkbox"/> Male <input type="checkbox"/> Female
4	<input type="checkbox"/> Male <input type="checkbox"/> Female

Details of the other driver(s) and vehicle(s) involved

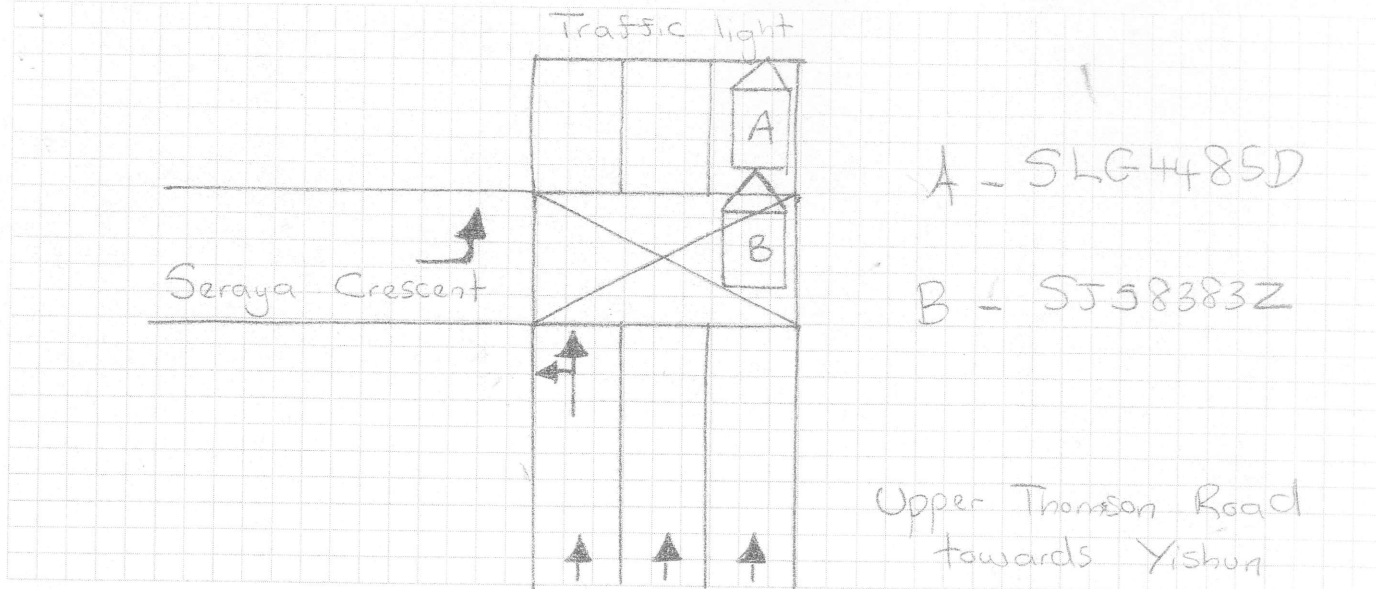
Name of other driver (or drivers)	Vehicle number	NRIC number	Contact number
1 Vivian	STS83832	S8314784I	90019095
2	-	-	-
3	-	-	-

Injury details

Was anybody injured in this accident? ☐ Yes ☒ No
If yes, please go to the next question.

Name of injured person	Sex	Convey by ambulance	Vehicle number	Contact number
1	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle along Upper Thomson road towards Yishun. I noticed that the traffic light turned amber and I proceeded to stop. My car stopped at the traffic light. In a few moments, I felt my car being hit from the rear. My husband and I came out to see the damage. We took pictures on the accident scene and exchange particulars with ~~the~~ Miss Vivian Kang. Evidence that my back bumper was dented with a cracked ~~the~~ line. One of the reverse sensor dented in. The car that hit me was a red Mazda, licence plate SJ58383Z, driven by Miss Vivian Kang, NRIC no. SJ58383Z and Hp number ~~58314784~~ 90019095. We noticed that she had a dog in the car. Her front bumper dented inwards slightly and her front licence plate broken into half. Towards the night, my neck felt sore and I have ~~went~~ seen a doctor. Doctor said that it's whiplash. As it's not painful, I did not take any mc.

DECLARATION

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

Policyholder's Signature

Date & Time: 29/07/2018

1600hrs.

CLARK SKETCH PLAN V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/07/2018

1600hrs.

Reporting Centre Personnel's Signature

Name: Airwan

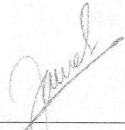
NRIC/FIN No.: 5823471TH

Declaration by person reporting

I declare that the information given above is true, correct and complete.

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.

I agree to authorise you (Income), 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.


Signature of driver

29/07/2018

Date (dd/mm/yyyy)

1600hrs.

Time

For official use

Report taken by

Airwan De Souza

Staff code

S990381

Date (dd/mm/yyyy)

29/07/2018

Time

1600hrs