

NATIONAL Assessment Centre Services.

| | | | |
|---------------------------|------------------------------------------|---------------------------|---------|
| Date In: 13/12/2019 12:44 | Job description | Date & Time Completed | Done by |
| Ref No: NPA 19021914/4 | SAS e-filing | | |
| Veh No: SDH 3694 | E-mail (3 jobs this, AIC 2hrs) | | |
| DOA: 13/11/2019 13:15 | 1-Motor Claim Form | 11/10/2019-002-13/12/2019 | 12:59 |
| OD: TP & Reporting Only | 1-Motor W/O (within OD 2hrs, TP 4hrs) | | |
| TP Insurer: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|------------------------------------------|-----------------------------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SDH 3694 | 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 reprior. | |
| () Total Loss Case: to e-mail Insurer URGENTLY. | |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () | |
| 1) Apply for Transport Allowance () / Courtesy Car () | |
| 2) QC Check / Post Repair Inspection () | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | |

| |
|------------|
| Injury: |
| Date: |
| Time: |
| Location: |
| Weather: |
| Witness: |
| Signature: |

| | |
|---------------------------------|----------------------------------------------|
| Client Particulars: | Invoice No: NPA 19021914/4 |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$10) |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120 |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 |
| | 6) TR: Re-inspection \$75 |
| | 7) NI: 100% DA + SMRT Survey \$160 |
| | 8) NIUC Additional Services: |
| | OD: |
| | *NS: Courtesy Car / Tpt Allowance \$3 |
| | *NS: Repair Co-ordination \$10 |
| | *NS: Post Repair Inspection \$25 |
| | *NS: DV / Coll. of Excess Coordination \$3 |
| | TP (NI) / TP (Non INC) against INC \$20 |
| | 9) NI2: 100% Mobile \$30 |
| | Invoice dated |
| | Fee Charged |
| | 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 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. 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 | 13/12/2019 12:44 |
| Date Of Accident | 14/11/2019 13:15 |
| Exact Location Of Accident | BEO CRESCENT OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------------|
| Vehicle Registration Number | SDN35D |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG TZE SHEN, VERA @WONG TZE SHEN |
| NRIC No | S7008253E |
| Email Address | WONGTSVERA@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96867221 |
| Alternative Phone No | OTHERS-96867221 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|----------------|
| Manufacturer | TOYOTA |
| Model | HARREIR |
| 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 | 5109164566 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------------|
| Name of Driver | WONG TZE SHEN, VERA @WONG TZE SHEN |
| NRIC No | S7008253E |
| Date Of Birth | 13/03/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/10/1993 |
| Driving Experience | 26 YEARS AND 0 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96867221 |
| Fax Number | |
| Contact Number | OTHERS-96867221 |
| Email Address | WONGTSVERA@GMAIL.COM |

| | |
|-----------------------------------------------------|-------------------------------|
| Address | BLK 69 REDHILL CLOSE #2-78 |
| Postcode | 150069 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------|
| Type Of Accident | NO COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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

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 | SDH369Y |
| Vehicle Make/Model/Colour | |
| 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) | |

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: 13/12/15

12:25

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/12/2019

ROSE CHAN

SKETCH PLAN

UNKNOWN OF ANY INCIDENT.
NO COLLISION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was unaware of any accident until I received the letter
and call from NHC.

DECLARATION

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

Policyholder's Signature

Date & Time: 13/12/19

12:25

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/12/2019

Roshan

ACCIDENT STATEMENT

ACCIDENT DATE: (14/11/19) (DD/MM/YYYY), TIME: (13:45) (HH:MM)

LOCATION: GRAND CENTRAL OPEN SPACE CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDN 35D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5109164566
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Harrier
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: Wong Tse Shun Vera (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S208253E CONTACT: 96867221
 c) ADDRESS: 69 Redhill Close #02-78 S15069

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (13/03/70) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/10/93

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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

b) ROAD SURFACE: (DRY / WET / OTHERS) Clear

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: SAP 369Y MODEL: TAXI
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)

(1)

* No of passengers
 (including driver)

()

* No of passengers
 (including driver)

()

Email: wongtsvera@gmail.com

VIDEO

Claim Handling

Accident MT/1072295

| | | | | |
|---------------------|----------------------------------------------------|---------------------|----------------------------------------------------|-----------------|
| Policy No. | 5109164566 | Vehicle No. | SDN35D | GST Registrati |
| Certificate No. | | | | |
| Policyholder Name | WONG TZE SHEN, VERA @WONG TZE SHEN | | | Policyholder Ni |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 96867221 | Contact No.(Office) | | Contact No.(Hi |
| Email Address | | Special Remark | | eCode |
| KPK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private fire |

▼ Accident Details

| | | | | |
|-------------------|--------------------------------------|-------------------------------|-------|----------------|
| Report Date | 21/11/2019 09:13 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 14/11/2019 | Time of Accident hh:mm | 13:15 | Country of Acc |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | THE BEO CRESCENT OPEN SPACE CAR PARK | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|--------|-----------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | |
| YIED OD Excess | | YIED TP Excess | | Driver is Cover |
| Additional Excess | 0 | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | |

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 69 #02-78 | Address 2 | REDHILL CLOSE | Address 3 |
| Address 4 | SINGAPORE 150069 | Address Type | Singapore address | Post Code |
| Unit No. | 02-78 | Related Policy Number | 5109164566 | |

▼ OI Driver Info

| | | | | |
|-----------------------------------------|----------------------------------------------------|---------------------|-----------------|----------------|
| Driver Name | | Driver Type | | Driver DOB |
| Unnamed driver Name | | Driver NRIC | | Driving Experi |
| Register Date of Driver License | | Driver Age | | Contact No.(Hi |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 |
| Address 1 | | Address 2 | | Post Code |
| 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 |

Modification History

Claim 002 **New**

| | | | |
|------------------------------------------|---------------------------------|----------------------------------|----------|
| Claim Type * | OD-MX | Insured Name | WC |
| Contact No.(Mobile) | 96867221 | Contact No. (Home) | 671 |
| Email Address | wongtsvera@gmail.com | OI Vehicle Number | SD |
| Claim Description | SDN35D / SDH369Y ON 14 Nov 2019 | | |
| Preferred Workshop | Insured Liability: Not at Fault | GIA report | Received |
| Contact No. Finalisation | Preferred Repair Option | Preferred Workshop, Name unknown | |
| Date Registered | 13/12/2019 12:53 | Claim Close Date | |
| Report Taken By | ROSLI WAHAB | | |
| <input type="checkbox"/> Print AK letter | | | |

Save Submit

Attachment

Accident No. MT/1072295 Claim No. 002
 Last Doc. Received * Yes No Upload Date 13/12/2019 12:59

Path *

Category *

Confider

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

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Please Select ▼

NO

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Please Select ▼

NO

Attachment List

| Attachment | Uploaded By/Date | Category | ? | Urgency | |
|------------|--------------------------------------------------------------------------------------------------|-----------------------|---|---------|------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:59 | NRIC/ Driving License | Y | Normal | NRIC/ Driv |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:59 | SAS | | Normal | Sr |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:54 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:54 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:54 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Dec 2019 12:53 | Photos | | Normal | Phc |

Video List

| Uploaded By/Date | Folder Date | File Name | ? |
|------------------|-------------|-----------------------|--------------------|
| | | 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="14/11/2019 12:20"/> |
| Vehicle No.(For Motor) | <input type="text" value="SDN35D"/> | Certificate Number | <input type="text"/> |
| <input type="button" value="Search"/> | | | |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|------------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5109164566 | | WONG TZE SHEN, VERA @WONG TZE SHEN | S70082S3E | GPC | drive CLASSIC | SDN35D | SDN35D | 29/04/2019 | 28/04/2020 |

Our Ref: MT/CA/TP/001/1072295-001/RD/VU

21 Nov 2019

WONG TZE SHEN, VERA @WONG TZE SHEN
BLK 69 #02-78
REDHILL CLOSE
REDHILL RISE
SINGAPORE 150069

Dear Policyholder

CLAIM NUMBER: MT/1072295-001
ACCIDENT INVOLVING SDN35D / SDH369Y on 14 Nov 2019

We would like to inform you that a claim 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.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance