

Motor accident report and claim form

Policy number S107043313-01	Vehicle number SKZ622SL	Name of policyholder LUCY CHEE
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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) 23/02/2020	Time 10:18 am	Type of collision (tick box) Head to Rear	Weather condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others
Location On Dunearn Road towards City farm side ave on the bridge			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.			

Details of driver

Name (as shown in NRIC) Yeo Liu-ching Laura	Pass date of driving licence 14 Dec 1991	NRIC number S6936153F
Contact number 96876036	Date of birth (dd/mm/yyyy) 11/10/1969	Email lauraleyeo@gmail.com
Address 43 Maryland Drive S(227531)		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 Daughter		

Details of passenger(s)

Number of passengers(s) including Driver 5	
Name of passenger(s)	Sex
1 Chee Lucy	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
2 Yeo Liu Ing Lynn	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
3 Benjamin Burnett Yeo	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
4 Matthew Burnett Yeo	<input checked="" 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 Huang Yan Shuang	SKK 9057P	S20117736	86087468
2 /	/	/	/
3			

Injury details

Was anybody injured in this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 type="checkbox"/> No		
2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

23/02/2020

Date (dd/mm/yyyy)

2040hrs

Time

For official use

Report taken by

MD Nizam

Staff code

5993555

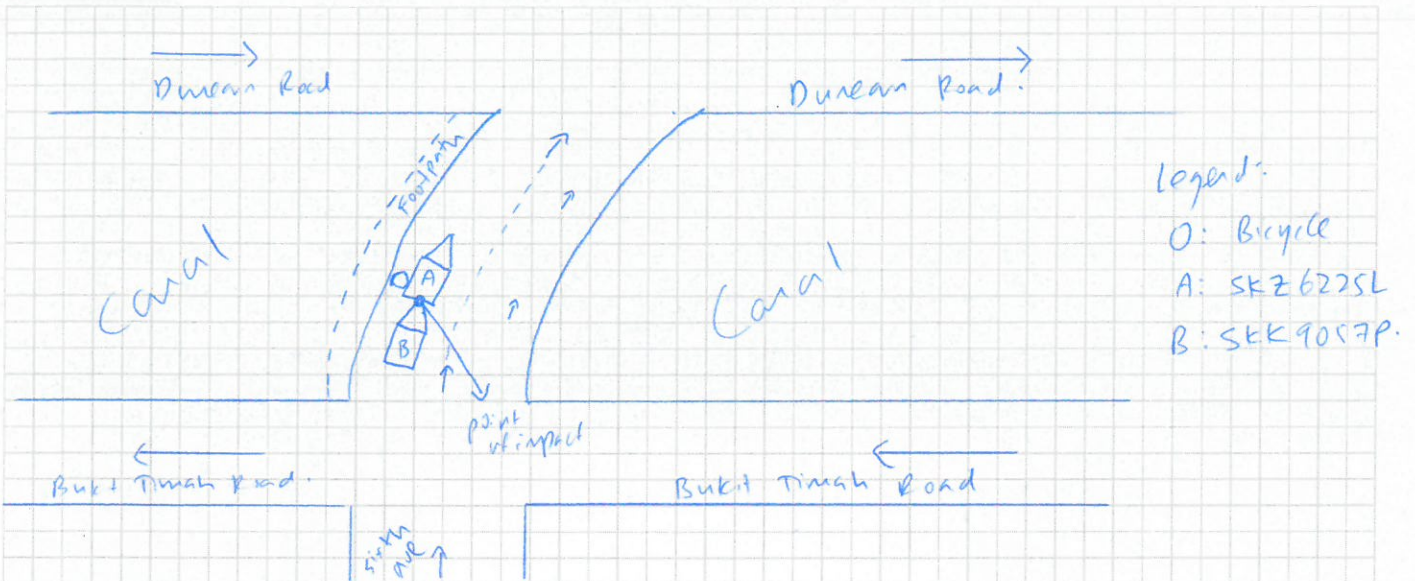
Date (dd/mm/yyyy)

23/02/2020

Time

2040hrs

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At approximately 10.18 a.m on 23/2/20, On a clear and sunny day, whilst driving across the bridge that links Bukit Timah Road with Duneam Road from 6th Avenue, I noticed a young girl on a bicycle who was following her mother. She was losing her balance on the bicycle and fell off the footpath, off the kerb and landed on the road. Seeing this I reacted with an emergency stop whilst I drove the car. I was then immediately hit from behind by the Nissan SKK 9057 P. I did not hit the little girl. ^{SHE} just screeched her head on the road. No one was injured.

DECLARATION

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

Policyholder's Signature

Date & Time: 23/2/2020

02040615

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/2/2020

02040615

Reporting Centre Personnel's Signature

Name: Md Nizam

NRIC/FIN No.: 5443585

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: 23/2/2022
020401u

Driver's Signature

(If driver is not the policyholder)
Date & Time: 23/2/2022
020401u

Reporting Centre Personnel's Signature

Name: Md Nizam
NRIC/FIN No.: 5993585

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/ **12328**

Policy Number

5107043313-01

Vehicle Number

5K26225L

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

YED LEE-CHENG LAMILA

NRIC/ID no.

S6936153F

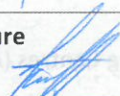
Relationship to Policyholder

Daughter

Contact no.

96876036

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

MD Nizam

Staff Code

5993585

Date (dd/mm/yyyy)

23/02/2020

Time

2015hrs