

MOTOR ACCIDENT REPORT

Policy Number	Name of Policyholder
---------------	----------------------

Purpose

Own Damage Claim
 Third Party Claim
 Reporting Only

Brief Description of Accident

Date (dd/mm/yyyy)	Time	Type of collision	Weather Condition <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____
Location			Road Surface <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others _____
Was the accident reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state which police station _____			

Particulars of Driver

Vehicle No.	Date of Driving Pass	Name (as shown in NRIC)	NRIC No.
Contact No.	Date of Birth	Email	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Occupation <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Purpose for which vehicle is used at time of accident			Relationship with Insured

Particulars of Other Drivers/Vehicles Involved

Name of Other Driver(s)	Vehicle No.	NRIC No.	Contact No.
1)			
2)			
3)			

Injury Details

Any injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please proceed to the next question.			
Name of injured person	Vehicle No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact No.
1)		<input 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	

Declaration

I declare that the information given in this claim form are accurate and true.

I understand that my claim may be rejected if any relevant information given is later proven false or intentionally omitted by me.

I hereby authorise NTUC INCOME, if it decides to accept liability for this claim, to seek the most suitable means to repair the damages to my vehicle speedily and satisfactorily, including the right to arrange for my vehicle to be repaired at another workshop.

Signature of Driver	Date (dd/mm/yyyy)	Time
---------------------	-------------------	------

For Official Use

Report taken by	Staff Code	Date (dd/mm/yyyy)/ Time
-----------------	------------	-------------------------

GI/CL/06/2012