

## Private settlement for motor accidents

When involved in a motor accident, you are required to report accident (whether claiming under own policy or not) with accident vehicle (whether damage or not) to our reporting centres within 24 hours or the next working day after the accident. Failure to report or late reporting of accident will result in insured's NCD reduction, upon the next renewal of your motor policy.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under a private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

Income policyholders should send the signed form to Fax No. 6338 1500 or email attachment to motor@income.com.sg. Income will then take up the case on your behalf should the other party decide to lodge a claim subsequently. Your NCD will be protected even if we have to pay the claim.

Income collects, uses and discloses the information in this claim form for insurance and claims administration purposes. For more details about Income's Privacy Policy, please visit [www.income.com.sg/privacy-policy](http://www.income.com.sg/privacy-policy)

### Private settlement

1. Details of Accident:

Date (dd/mm/yyyy) / Time : \_\_\_\_\_ Location : \_\_\_\_\_

2a. Motor-vehicle registration no. \_\_\_\_\_ driven by \_\_\_\_\_ (Name & NRIC no)

and owned by \_\_\_\_\_ (Name & NRIC no).

2b. Motor-vehicle registration no. \_\_\_\_\_ driven by \_\_\_\_\_ (Name & NRIC no)

and owned by \_\_\_\_\_ (Name & NRIC no).

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: \*delete a) or b) as applicable.

\*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

\*b. Without any admission of liability, (party paying compensation) has paid a sum of \$ \_\_\_\_\_ which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

6. We understand that the information collected on this private settlement form will be kept and used by Income for investigating and administering claims, fraud detection and underwriting future insurance applications.

Name (paying party): \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

NRIC / Passport no: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (owner receiving compensation): \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

NRIC / Passport no: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_