

### Private Electric Vehicle Charging Station Claim Form

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Name (as shown in NRIC)	NRIC number
Email	Contact number
Address	Policy number

Please tick  the claim payment mode.  
 Payment will be made by Paynow NRIC/ UEN.  
 For payment by direct transfer to policyholder's bank account, please provide supporting documents such as bank statement for verification of payee details.

Full Name (as shown in the bank account)      Nationality      Name of bank      Bank account number

### Details of incident

Date (dd/mm/yyyy)	Time
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Location of charging station

Cause of loss:  
 accidental collision       strike, riot, or civil commotion  
 fire, external explosion, lightning, burglary, housebreaking and theft       flood, typhoon, hurricane, volcanic eruption, earthquake, or other natural disaster  
 malicious act by a third party

Brief description of event leading to loss or damage

### Details of charging station

Brand	Model	Charge type (rapid / fast / slow)
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Claim amount (up to \$5,000)

This benefit is applicable to you **only one time per period of insurance policy**. Your No-claim discount (NCD) will not be affected.  
 We will not pay:  
 – more than the current market value of the private electric vehicle charging station subject to the maximum sum of S\$5,000  
 – any loss in value, wear and tear or mechanical or electrical breakdown  
 – for any loss, damage, injury, or liability to any property and/or person caused by the private electric vehicle charging station whether during normal usage or faulty

### Documents/ items required

Please provide the following documents:  
 1. Completed claim form  
 2. Police report if the charging station is stolen or damaged by malicious act  
 3. Photographs of lost or damaged charging station  
 4. Purchase invoice/receipt of the charging station  
 You may email the completed form together with your supporting documents to [mtcl@income.com.sg](mailto:mtcl@income.com.sg)

We reserve our rights to inspect or survey the damaged charging station.

### Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/ or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/ or customise their products/ services and/ or to provide you with their respective products /services, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

### Declaration by policyholder

1. I cannot alter any of the wordings in this claim form. Any attempt to do so will have no effect.
2. I declare that the answers given in this form are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. I understand that Income may reject the 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.
3. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS) above. I further confirm on the representation and warranty made in the PDUS.
4. I confirm that I am authorised to disclose information (including personal information) about the driver if this claim is made on behalf of them.
5. I confirm that all copies of the claim documents that I have submitted to Income are copies of the original documents and I agree to retain all original documents for a period of 6 months from claim submission date for Income to verify its authenticity. I am aware that Income may reject any claim if any copy submitted is not a copy of the original document and may recover any payment made to me.
6. I understand that I must give Income all documents, authorisations or information required by Income to assess the claim. If I fail to co-operate with Income in administering and processing the claim, I am aware that the assessment of the claim may be delayed or Income may reject the claim.
7. I understand that the information collected on this form will be kept and used by Income for investigation and administering claims, fraud detection and underwriting future insurance applications.

I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.

Signature of policyholder

Date (dd/mm/yyyy)

Time

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### For official use

Report taken by

Staff code

Date (dd/mm/yyyy)

Time