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This form is for claims relating to Loan Protection, MotorTrip Protect, Roadside Assistance and other eligible motor benefits.
Please complete only the section(s) applicable to the benefit(s) you are claiming.

Motor Additional Benefits Claim Form

Policy number	Vehicle number

Claim Type (Please select all that apply)

☐ Loan Protection	☐ MotorTrip Protect	☐ Roadside Assistance	☐ Other Motor Benefit

Note: For Private EV Charging Station Cover claims, please download and complete the private electric vehicle charging station claim form separately.

Section 1 – Policyholder / Claimant Information

Name (as shown in NRIC)	NRIC	Email	Contact Number

Section 2 – Driver Information

Name (as shown in NRIC)	NRIC	Contact Number	Relationship to Policyholder

Section 3A – Roadside Assistance Details (If applicable)

Date	Time	Location

Cause of Breakdown

Types of Service(s) Rendered:

☐ Changed batteries ☐ Changed Tyre ☐ Towing Others (please specify):

Section 3B – MotorTrip Protect Claims Only

Who is this claim for?

☐ Policyholder only ☐ Travelling Companion(s) only ☐ Policyholder and Travelling Companion(s)

Travelling Companion Information (if applicable)

Name	NRIC / Passport No.	Contact No.	Relationship to Policyholder

Trip & Incident Information

Note: For MotorTrip Protect claims, Departure Date and Return Date are mandatory. Incident Date must fall within the trip period.
MotorTrip Protect benefits are applicable only for eligible incidents occurring outside Singapore during an overseas trip using the insured vehicle.

Departure Date	Return Date	Country / Destination

Date of Incident / Loss & Time	Location of Incident

Incident Description (please provide details of the incident, accident, loss or damage)

Benefit Claimed (Please select the benefit(s) you wish to claim under)

☐ Loss or Damage of Personal Belongings (including baggage, laptop mobile devices, golf equipment, valuables and other personal belongings)

☐ Loss of Passport and/or Driver's Licence

☐ Hospital Visitation / Compassionate Visit

☐ Additional Accommodation Expenses (due to loss of passport and/or driver's licence, or for hospital visitation / compassionate visit)

☐ Alternative Transport Expenses to Singapore (if insured vehicle cannot be driven following an accident)

☐ Medical and Trauma Counselling Expenses (following a carjacking incident involving the insured vehicle)

Section 3C – Loan Protection Details (If applicable)

Date of Accident	Date of Death	
Vehicle under Hire-Purchase / Leasing Agreement?	☐ Yes	☐ No
Hire-Purchase / Leasing Company	Outstanding Loan Amount	
Brief Description of Accident		

Important: Payment for Loan Protection claims will be made directly to the hire-purchase or leasing company, subject to policy terms and conditions.

Section 4 – Claim Details & Amount Claimed

Benefit Type	Description of Claim / Loss / Damage	Amount Claimed
	Total Amount Claimed:	

Note: Please attach a separate sheet if there are insufficient rows for companion(s) or claim item(s)

Section 5 – Supporting Documents

Please submit the completed form and relevant supporting documents within 30 days of the incident to mtcl@income.com.sg.

Loan Protection	**MotorTrip Protect**	**Roadside Assistance**
☐ Death Certificate	☐ Proof of Travel (Departure and Return)	☐ Service report
☐ Hire-Purchase / Leasing Agreement	☐ Invoice / Receipt	☐ Tax invoice / receipt
☐ Outstanding Loan Statement	☐ Police report at place of loss	☐ Photos supporting the claim
☐ Other supporting documents	☐ Medical report	☐ Other supporting documents
	☐ Photos supporting the claim	
	☐ Other supporting documents	

Section 6 – Payment Details

Claim Payment Mode (Please select one)

☐ Payment by PayNow (registered with NRIC only)

☐ Payment by Direct Transfer into Policyholder's Bank Account
(Please provide supporting documents such as bank statement for payee verification.)

Payee Information

Full Name (as shown in Bank Account)	Nationality
Bank Name	Account Number

Important Note

• All claim payments, including claims relating to Travelling Companion(s), will be made to the Policyholder only.

• For Outstanding Loan Protection claims, payment will be made directly to the hire-purchase or leasing company, subject to policy terms and conditions.

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 person reporting

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.
8. 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

For official use

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