

## ROADSIDE BREAKDOWN ASSISTANCE CLAIM FORM

Policy number	Vehicle number	Name of policyholder
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### Brief description of breakdown

Date (dd/mm/yyyy)	Time	Cause of breakdown
Location		
Type of service(s) rendered: <input type="checkbox"/> Changed batteries <input type="checkbox"/> Changed tyre <input type="checkbox"/> Towing <input type="checkbox"/> Others (please give details): _____		

### Details of driver

Name (as shown in NRIC)	Pass date of driving licence	NRIC number
Contact number	Date of birth (dd/mm/yyyy)	Email
Address		
Relationship to policyholder		

### Documents/items required

Please provide the following within 30 days of your vehicle breakdown:

- 1 Completed claim form
- 2 Photographic evidence of the service(s) provided on site
- 3 Tax invoice/receipt with details on the type of services performed by the service provider and payment made

You may email the completed form together with your supporting documents to [mtcl@income.com.sg](mailto:mtcl@income.com.sg)

### 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 driver

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Time

### For official use

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