

# EASY QUOTE

Hotline tel: (65) 1800-419-3000  
 Fax: (65) 6835-7408  
 CUSTOMER SERVICE GROUP

REFERENCE NO :

## PROPOSAL FORM FOR MOTOR INSURANCE

Statement Pursuant to Section 25(5) of the Insurance Act (Cap 142) (or any subsequent Amendments thereof).

You are to disclose in the Proposal form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy issued hereunder may be void.

To		Date of Issue	
From		Producer	

### ABOUT THE INSURED

Name		NRIC/ Passport/ ROC No.		Marital Status	
Address		Nationality		Age	
		Date of Birth		Driving Exp	
		Gender		Tel (O)	
		Tel No (H)		Fax No	
Occupation/ Nature of Business		Mobile/Pgr		NCD	
		Email Address		COM#	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer		Claim Exp in last 3 Years (If yes, please provide details of At-Fault Claims)			
If NCD is NIL or 10%, with no claim experience, please provide reasons	<input type="checkbox"/> First time owning a vehicle	<input type="checkbox"/> 2 <sup>nd</sup> or 3 <sup>rd</sup> vehicle	Record of Revoked / Endorsed Driving License	If yes, Please Provide details:	
	<input type="checkbox"/> Have been driving company's / relative car	<input type="checkbox"/> Others, please specify			

# Subject to 30% NCD or more private vehicle or 20% NCD for commercial vehicle, registered under individual's name.

With submission of Certificate of Merit from Traffic Police which can be printed from eCitizen website <http://www.ccitizen.gov.sg>

### ABOUT THE VEHICLE

Make & Model		CC/Tonnage		Registration No	
Body Type		Seating Capacity		Year of Registration	
Chassis No		Engine No			
Usage of Vehicle		For Lorries & Trucks Only	<input type="checkbox"/> Used to carry passengers who are not employees of the Insured		
			<input type="checkbox"/> Commercial use <input type="checkbox"/> Vehicle modified to carry passengers		
Hire Purchase Co.		Car Alarm System Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### ABOUT THE COVER

Cover Required		Age Condition*		Excess	
Effective Date		Expiry Date		Insuring with COE / PARF?*	

\* This policy is subject to driver's age condition as above. Please note that the policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.

+ When insuring without COE/PARF, please inform the financier(s) if vehicle financing is involved, In this instance, in the event of total loss, the insured will recover the residual value of COE/PARF from LTA and undertake the financial exposure when disposing the COE/PARF Refund Certificate in the open market.

### DECLARATION

I/We hereby declare that the above mentioned Motor Vehicle is and will be kept in good condition and I/We do hereby warrant the truth of the particulars and answers given herein and I/We have withheld no information whatever that might tend in any way to increase the company's risk or to influence the decision of the Company regarding this Proposal. I/We here by undertake to pay difference arising from a discrepancy in the NCD declared; failing which the policy shall be cancelled by AHA. I/We agree to accept a policy subject to the provisions and conditions of such policy. I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Company. I agree and authorize the company to use and disclose any information collected or held (contained in this application of otherwise obtained) to enable the company, its associated individuals/organizations or independent third parties, within or outside Singapore, with regards to any matters pertaining to the application/policy and provide advise or information concerning products or services which the company believes may be of interest to me or to communicate with me for any purpose.

Date

Signature of Proposal

[Original]

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