

APPLICATION FOR MOTOR INSURANCE

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP.142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Particulars of Registered Owner

Name		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
NRIC/Passport/ROC No.	Driving Licence No.	Registration Date of Driving Licence	Date of Birth	Age	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Others (Please attach documentary proof)		Language/Dialect	Email		
Address			Name of Employer		
Contact No. (H)	(O)	(Hp)	Occupation <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		

Details of Insurance Cover

Period from _____ to _____												
No Claim Discount entitlement _____ %												
To enable us to confirm your NCD entitlement, please provide the details below:												
Previous Insurer _____ Policy No. _____												
Vehicle No. _____ Expiry Date _____												
Please note that we will recover the discount accorded to you if the confirmation from your previous insurer state otherwise.												
drivo™ Cover required												
<input type="checkbox"/> Premium Plan (repair at preferred workshop) <input type="checkbox"/> Classic Plan (repair at quality workshop)												
Additional options:												
<input type="checkbox"/> Plus (waiver of basic excess and courtesy car benefit) <input type="checkbox"/> NCD Protection (only applicable to private cars with 50% NCD)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Additional Excess</td> <td style="text-align: center;">Premium Reduction</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">\$ 500</td> <td style="text-align: center;">8%</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">\$ 1,000</td> <td style="text-align: center;">12%</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">\$ 1,500</td> <td style="text-align: center;">15%</td> </tr> </table>		Additional Excess	Premium Reduction	<input type="checkbox"/>	\$ 500	8%	<input type="checkbox"/>	\$ 1,000	12%	<input type="checkbox"/>	\$ 1,500	15%
	Additional Excess	Premium Reduction										
<input type="checkbox"/>	\$ 500	8%										
<input type="checkbox"/>	\$ 1,000	12%										
<input type="checkbox"/>	\$ 1,500	15%										
<input type="checkbox"/> Comprehensive (for commercial vehicles and motorcycles only) <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party												
Do you wish to insure COE and PARF value? (Applicable to drivo™ and Third Party Fire & Theft Cover only) <input type="checkbox"/> Yes <input type="checkbox"/> No												
Details of accessories (other than factory-fitted) you have installed in the vehicle:-												
i) description _____												
ii) value _____												
Only applicable to private car: Details of primary driver if registered owner is not driving the car more than 50% of the time (Name, NRIC No., date of birth, driving experience, occupation - indoor/outdoor)												
Only applicable to motorcycle: Details of additional authorised driver - 1 driver only (Name, NRIC No., date of birth, driving experience, occupation - indoor/outdoor)												

GI/AMI/09/2007

Type and Details of Vehicle

Type	<input type="checkbox"/> Private car	<input type="checkbox"/> Normal	<input type="checkbox"/> Off-peak hour car	<input type="checkbox"/> Manual saloon	<input type="checkbox"/> Automatic saloon	<input type="checkbox"/> Imported
	<input type="checkbox"/> Coupe	<input type="checkbox"/> Turbo	<input type="checkbox"/> Others (Please specify) _____			
	<input type="checkbox"/> High Performance	<input type="checkbox"/> Anti-theft device (Car Tracker, please describe) _____				
<input type="checkbox"/> Commercial vehicle	Van	<input type="checkbox"/> Standard	Lorry/Pickup	<input type="checkbox"/> Standard	Bus	<input type="checkbox"/> School children only
	<input type="checkbox"/> Refrigerated		<input type="checkbox"/> Hood/Canopy/Tipper		<input type="checkbox"/> General purposes	
	<input type="checkbox"/> Others (Please Specify) _____					
<input type="checkbox"/> Motor-cycle	<input type="checkbox"/> Private	<input type="checkbox"/> Commercial	<input type="checkbox"/> Reconditioned Bike			
Model	Registration No.		Usage	<input type="checkbox"/> Private <input type="checkbox"/> Commercial		
				<input type="checkbox"/> Others (please specify): _____		
Registration Date	Original Registration Date		Engine No.	Chassis No.		
Seating Capacity (including driver)	CC/Tonnage		(For commercial vehicle only)			
			Unladen Weight: _____ Laden Weight: _____			
Name of finance company (if under hire-purchase)						

Other Particulars

Have you or your authorised driver(s) been convicted of any driving offences for the past 3 years? If "Yes", please give details.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your authorised driver(s) been involved in any motor accident for the past 3 years? If "Yes", please give details below:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Accident	Name of Insurance Company	Details of Claim	Amount of Claim	
_____	_____	_____	\$ _____	* (OD/TP)
_____	_____	_____	\$ _____	* (OD/TP)
_____	_____	_____	\$ _____	* (OD/TP)
_____	_____	_____	\$ _____	* (OD/TP)
_____	_____	_____	\$ _____	* (OD/TP)
				* Delete where appropriate

Personal Accident Insurance Cover

Do you wish to purchase additional Personal Accident insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Declaration

I/We hereby declare that the Motor Vehicle described, shall be kept in GOOD CONDITION and that the information given above are in every respect true and correct.
I/We hereby agree that this Declaration shall be the basis of the Contract of Insurance between me/us and NTUC Income.

Signature of Proposer/Company StampDate

IMPORTANT

- Please note that the liability of NTUC Income does not commence until this proposal has been accepted by NTUC Income and the premium paid.
- Please do not leave any answer blank. Fill "NIL" or "NA" where applicable.
- The policy will carry a Premium Warranty Clause which requires the premium to be paid in full within a specific period failing which there would be no liability under the policy.
- For motor cycle, if the Registered Owner is not driving the vehicle, the particulars of the Named Driver must be stated in this Proposal Form.
- All private car and motor cycle Policyholders shall be responsible for a further Excess of \$2000 or \$500, in addition to the Excess stated under the Policy whilst the motor vehicle is driven by any Authorised person (other than the Insured or Primary driver) who is under the age of 26 or 21 years respectively. Private car authorised drivers who is above the age of 26 years and has held a full driving licence for less than 2 years shall be responsible for a further Excess of \$1000.

Declaration

Agent/Adviser			Code
Policy No.	Date	Premium	Excess
Entry by	Date	Checked by	Date
Introducer's Name & NRIC No.		Remarks	