

Commercial Vehicle Application Form

Important Notice

1. Pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent amendment thereof). You are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.
2. This insurance will not be in force until the proposal has been accepted by the Company. This Proposal is not a contract of insurance. Please refer to the policy (which will be issued to you upon acceptance of your application and payment of the premium) for its exclusions and complete details of coverage.
3. The policy is subject to the Premium Payment Framework, as follows:
 - a) For Individual Policyholders
 In accordance with the General Insurance Association of Singapore's Code of Practice for Premium Payment, which come into effect 1st May 2005, this Policy issued to Individual Policyholders shall not be in force unless premium is paid to the Company or intermediary on or before the date of inception of this insurance.
 - b) For Corporate Policyholders
 This Policy carries a Premium Payment Warranty for Corporate Policyholders, which requires the premium to be paid in full within 60-days period from the date of inception of this insurance. If this condition is not complied with then this insurance is automatically terminated immediately after the expiry of the said 60-days period and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00 + GST.
4. An additional excess of S\$4,000 (Section I) will be imposed on top of the policy excess if the insured vehicle is driven by any authorised person who is under the age of 27 and/or who has held a full driving licence for less than 2 years, or who is above the age of 75.
5. Geographical Excess for Stolen Vehicle: An additional excess of \$2,000.00 on Section 1 will be imposed on top of the policy excess if vehicle is stolen whilst driven outside of Singapore.

Agency Name			Agency Code		
Proposer / Insured Particulars					
Company Name:					
Address:					
Contact No:			Email:		
Occupation / Business:			Business Registration No:		
Particulars of Vehicle (Please attach photocopy of Vehicle Registration Card)					
Vehicle Registration No:					
Is this vehicle under Hire purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Finance Company:		
Cover Required: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party					
Cover Type: <input type="checkbox"/> Private Use <input type="checkbox"/> Company Use					
Period of Insurance : From _____ To _____					
NCD on Renewal:					
Demerit Points Free Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No			(This discount is applicable for individual Proposer with 20% NCD)		
Please attach Certificate of Merit from Traffic Police for our record					
Optional Benefits:					
<input type="checkbox"/> Third Party Working Risks		<input type="checkbox"/> Personal Accident to Unnamed Passengers			
<input type="checkbox"/> Personal Accident to Paid Driver / Attendant		<input type="checkbox"/> Third Party Property Damage up to a Limit of S\$1,000,000			
Additional Drivers					
No	Name	Date of Birth	Occupation	Relationship	Driving Experience
1.					
2.					

Claims History of Proposer & Named / Authorised Driver(s) (Last 3 years)				
No	Date of Accident	Name of Insurance Company	Details of Claim	Claim Amount
1.				
2.				

General Questions

1.	Have you or your named driver(s) been given / accumulated demerit points during the last 24 months ? If Yes, please specify the driver and the number of demerit points accumulated	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you or your named driver(s) had any motor insurance proposal declined, cancelled or renewal rejected by any insurance company? If Yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you or any of your named driver(s) suffered any disease or infirmity that could impair the ability to drive? If Yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have your vehicle been modified/alterd from the original manufacturer's specifications, including any LTA approved modification? If Yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration & Authorisation

- i) I/We have declared to the best of my knowledge and belief that all the answers given in this Proposal are true and correct and I/We have not withheld any information likely to affect acceptance of this Proposal.
- ii) I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/We further agree to accept the Company's policy subject to the terms exclusions and conditions expressed therein, endorsed thereon or attached thereto.
- iii) I/We undertake the vehicle to be insured is and will be kept in a good condition, and will not be driven by any person whom to my/our knowledge has been refused motor insurance or continuance therefore.

Personal Data Use

I/We expressly authorise and consent to Etiqa's officers, employees and agents disclosing, at their sole discretion, any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurances with Etiqa, to any of the following persons, whether in Singapore or elsewhere:

- a) Etiqa's holding companies, branches, representative officers, subsidiaries, related corporations or affiliates;
- b) any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or agents;
- c) any regulatory, supervisory or other authorities, court of law, tribunal or persons, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
- d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my/our policy or policies for any purpose connected with the proposed assignment/s or transfers; and
- e) any credit bureau, insurer or financial adviser, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing, investigation of Etiqa's representatives and monitoring of undesirable sales practices.

I / We wish to receive information, including marketing materials from Etiqa Insurance (Singapore Branch) from the following communication channels:-

- Call SMS/ MMS Fax Direct Mail Emails All

* "SMS / MMS" means any messages, whether in sound, text, visual or other forms. For more information, kindly visit the PDPC website at: <http://www.pdpc.gov.sg>

If this Proposal has not been completed by me/us personally, I/We declare that I/We have read the completed form and accept full responsibility for the answers.

Signature of Proposer
(and Company's stamp if Proposer is a Company)

Date

POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)

For Office Use

Premium :

Excess: