

APPLICATION FORM

Intermediary's Name/Code: _____

Quotation No.: _____

IMPORTANT NOTICE

1. Statement Pursuant to Section 25(5) of the Insurance Act – We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy. **2.** Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover. **3.** Coverage is void if the vehicle does not have a valid Certificate of Entitlement. **4.** You are advised to keep a copy of this application form for your future reference. **5.** The liability of the Company does not commence until this application is accepted and the premium is paid in accordance with clause 2 above. **6.** A specimen copy of the policy form is available on request.

REGISTERED OWNER'S DETAILSName: _____ Date of Birth: DD / MM / YYYY Gender: M/FAddress: _____

Contact No.: _____ (HP) _____ (H) _____ (O)

NRIC/FIN No.: _____ Nationality: _____

Marital Status: Single / Married Occupation: _____

Email: _____

Valid Driving License? No Yes Driving Experience (Years) in Singapore: _____Demerit Points? No Yes _____ PointsDriving License been suspended/revoked? (Including Named Drivers) No Yes, When & Why _____
_____**MOTOR VEHICLE PARTICULARS**

Registration No.: _____ Year of Registration: _____

Make & Model: _____

Type of Vehicle: Cabriolet Saloon Multi Purpose Vehicle - MPV
 Coupe Stationwagon Sports Utility Vehicle - SUV
 Others: _____

Engine No.: _____ Chasis No.: _____

Engine Capacity: _____ Seating Capacity: _____

Company Registered Vehicle? No Yes, Company Name _____
_____Nature of Business: _____ Insured with COE? Yes NoBusiness Registration No.: _____ COE Expiry Date: DD / MM / YYYY

Hire Purchase Company: _____

NAMED DRIVERS' DETAILS

We encourage you to name the regular drivers of this vehicle as additional excess is applicable for unnamed drivers. Besides the insured and his/her spouse, 2 other drivers can be included as named drivers. An additional charge of S\$26.75 (inclusive of GST) will be imposed for additional named driver exceeding the stated limit. Where named driver is young and/or inexperienced/elderly drivers (see DECLARATION section for details) an additional premium will apply.

	Named Driver (1)	Named Driver (2)	Named Driver (3)
Name <i>(as in NRIC, please underline surname)</i>			
NRIC/FIN No.			
Nationality			
Date of Birth <i>(DD/MM/YYYY)</i>			
Gender	Male / Female	Male / Female	Male / Female
Marital Status	Single / Married	Single / Married	Single / Married
Demerit Points			
Driving Experience (Years) in Singapore			
Occupation			
Relationship with Registered Owner			

CHOICE OF PLAN / COVERAGE

Is this an "Insured-Not-Driving" Policy? Yes No

Period of Insurance: From DD / MM / YYYY To DD / MM / YYYY

Select the Plan:

<input type="checkbox"/> Comprehensive Coverage <input type="checkbox"/> ExcelDrive Prestige <i>(All workshops)</i> <input type="checkbox"/> ExcelDrive Gold <i>(ExcelDrive Workshops only)</i> <input type="checkbox"/> ExcelDrive Focus <i>(ExcelDrive Workshops only with limited cover)</i>	<input type="checkbox"/> Third Party, Fire & Theft	<input type="checkbox"/> Third Party Only
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NO CLAIM DISCOUNT (NCD)

No Claim Discount (%): _____

If NCD is "NIL", please indicate reason:

- | | |
|---|--|
| <input type="checkbox"/> First time car owner | <input type="checkbox"/> Have not owned a car for more than 1 year |
| <input type="checkbox"/> Have owned this car for less than 1 year | <input type="checkbox"/> Have made claims within the past 3 years |
| <input type="checkbox"/> Have been driving company's/relative's car | <input type="checkbox"/> Own another car, ownership of this car is new |

Note: No Claim Discount Protection

• Benefit is not applicable to cases involving the loss of NCD as a result of failure to report or late reporting of accidents as set out under the policy. • Applies only when policy is renewed with the company, and is not transferrable to the next insurer. • Renewal invitation or renewal terms for the next period of insurance are not guaranteed even if current vehicle has NCD Protection.

OPTIONAL EXTENSIONS (Additional premium required)

a) Additional S\$10,000 Personal Accident: No Yes (Please fill in Insured's details below)

Name: _____

NRIC/FIN No.: _____ Date of Birth: DD / MM / YYYY

b) Cover for non-factory-fitted accessories: No Yes

If yes, please tick and provide the details and sum insured below.

Sport Rims S\$ _____ CNG S\$ _____ Solar Film S\$ _____

Others (please specify) _____ S\$ _____

Please attach all relevant supporting document(s) including LTA's approval and invoice relating to the above, subject to acceptance by the Company.

VOLUNTARY EXCESS

Voluntary Excess (Amount): Buy Up Excess Buy Down Excess S\$ _____

Subject to:

• Maximum S\$1,500 of Voluntary Excess Buy Up or Buy Down. • Excess Buy Up (additional excess, not waived at ExcelDrive Workshops). • Excess Buy Down (reduce standard excess): ExcelDrive Prestige/Focus – S\$300 standard excess remaining, ExcelDrive Gold – not more than S\$1,000 standard excess remaining.

PREVIOUS INSURER

Registration No. (if different): _____

DECLARATIONS

- In respect of insurance on any motor vehicle owned by you, has any insurance company:
 - Declined to insure you? No Yes
 - Cancelled or refused to renew an existing motor insurance policy held by you? No Yes
- During the last 3 years, have you or your named driver(s) ever made a claim or was involved in any accident(s) under any motor insurance policy? No Yes
- Have you suffered from defective vision or hearing, heart condition, epilepsy or any physical/mental disability or infirmity that could impair the ability to drive? No Yes
- Have your vehicle been modified or altered from the original manufacturer's specifications, including any LTA approved modification? No Yes

If yes, please declare details relating to item(s) no.

I/We declare:

- The particulars in this application form are true and complete. I/We agree that this application form shall be the basis of the contract between me/us and "Sompo Insurance Singapore Pte. Ltd."
- I/We understand that in the event I/we do not have my/our repairs done at the appointed workshops under the selected ExcelDrive plan, I/we will NOT be indemnified for the said repairs (applicable to Private Car Comprehensive Cover only).
- The vehicle will be kept in a sound and roadworthy condition, and will not be driven by any person who to my knowledge does not hold a valid driving license or has been refused insurance.

4. I/We have to effect a cancellation of my cover with my existing/ex-insurer to apply the declared NCD from the inception of this proposed policy and hereby undertake to pay difference in the premium amount owing which may arise in the event of a discrepancy between the NCD declared and that provided by my/our existing/ex-insurer failing which the period of coverage shall be reduced.
5. Where I am insuring the vehicle without COE and PARF value, in the event of a total loss or theft claim, the market value of my/our car at the time of loss less its residue COE and established PARF shall be payable.
6. I/We acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at sompo.com.sg
7. I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at sompo.com.sg
8. I/We am/are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application form is true, accurate and complete.

PLEASE CHARGE S\$ _____ TO MY VISA / MASTERCARD* (*delete as appropriate)
 Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.

PLEASE TICK (✓) THE APPROPRIATE BOX
<input type="checkbox"/> SINGLE DEDUCTION (full payment) <input type="checkbox"/> INSTALMENT PLAN (0% interest free) ISSUING BANK : OCBC ONLY INSTALMENT PERIOD : <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 12 MONTHS

CARDHOLDER'S NAME : _____

CARD NO. : _____ - _____ - _____

EXPIRY DATE : MM / YYYY

I/WE ENCLOSE A CHEQUE FOR S\$ _____

BANK /CHEQUE NO.: _____

MADE PAYABLE TO **SOMPO INSURANCE SINGAPORE PTE. LTD.**

SIGNATURE OF REGISTERED OWNER:

DATE:
