

Intermediary's Name/Code: _____

Quotation No.: _____

Important Notice

Statement Pursuant to Section 25 (5) of the Insurance Act, you are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

REGISTERED OWNER'S DETAILS

Name: _____ Date of Birth: __DD__ / __MM__ / __YYYY__ Gender: M / F

Address: _____

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 No

Business Registration No.: _____ COE Expiry Date: __DD__ / __MM__ / __YYYY__

Hire Purchase Company: _____

Have your vehicle been modified or altered from the original manufacturer's specifications, including any LTA approved modifications? Yes No

If yes, please specify _____

Do you want to cover for your accessories? Yes No

If yes, please complete the section below.

OPTIONAL COVERAGE FOR ACCESSORIES

Please fill in the details and Sum Insured.

 Sport Rims S\$: _____ CNG S\$: _____ Solar Film S\$: _____ Others (please specify) S\$: _____

Please attached all relevant supporting document (s) including LTA's approval and invoice relating the above, subject to additional premium and acceptance by the 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			

CLAIMS HISTORY

Have you or your named driver (s) ever made a claim in past 3 year? Yes No

If yes, please provide details below.

Date of Accident	Nature of Accident	Amount of Claim

CHOICE OF PLAN / COVERAGE

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

Period of Insurance: From: - - To - -

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.

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, S\$300 standard excess remaining).

PREVIOUS INSURER

Registration No. (if different): _____

DECLARATION

I, and on behalf of the persons to be insured hereby declare and warrant that:

- I/we and all named drivers have never been declined or have any policy cancelled or renewal refused or subjected to special terms; and
- 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; and
- the vehicle to be insured is in sound and roadworthy condition, it has not been modified or altered for performance improvement; and
- the vehicle to be insured will not be driven, to be best of my knowledge, by any person(s) who does/do not hold a valid driving license or has/have been refused by any insurer(s) in respect to motor insurance; and
- I/we have not suffered from defective vision or hearing, heart condition, epilepsy or any physical/mental disability or infirmity that could impair the ability to drive; and
- I/we confirm that the information given in this proposal form is true and complete and they shall be the basis of the contract between me/us and Sompo Insurance Singapore Pte. Ltd. ("Sompo").

I, and on behalf of the persons to be insured, agree to abide by the Policy terms, conditions and exclusions.

I, and on behalf of the persons to be insured, 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 www.sompo.com.sg.

MARKETING CONSENT

I would like Sompo to send me marketing updates and/or information about your products, promotions and services via:

Postal Mail Email Voice Calls Text Messages (e.g. SMS)

I am aware that this supersedes any other marketing consent which I may have previously provided to Sompo. I am aware that it may take up to 30 days for Sompo to update my marketing consent. I understand that I may change or withdraw my marketing consent subsequent to this product application. I confirm that I am the user and/or subscriber of the telephone number which was provided to Sompo.

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.

- SINGLE DEDUCTION (full payment)

INSTALMENT PLAN (0% interest free)
ISSUING BANK: OCBC ONLY
INSTALMENT PERIOD: 6 MONTHS 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: _____

