



	<b>Make &amp; Model of Vehicle / Motorcycle:</b> _____ <b>Parallel Imported:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Engine No.:</b> _____ <b>Chassis No.:</b> _____ <b>Engine Capacity:</b> _____ <b>tonnage</b> <b>HP Owners:</b> _____ <input type="checkbox"/> Pickup <input type="checkbox"/> Panel Van <input type="checkbox"/> Lorry <input type="checkbox"/> Prime Mover <input type="checkbox"/> Trailer <input type="checkbox"/> Others _____ <b>Additional features to be covered (Section 1 and 2)</b> <input type="checkbox"/> Power gate <input type="checkbox"/> Crane <input type="checkbox"/> Tinted Glass <input type="checkbox"/> Refrigerator Box <input type="checkbox"/> Canopy <input type="checkbox"/> Others _____ <b>Sum Insured:</b> _____																							
<b>NCD Discount</b>	<b>No Claim Discount/ Fleet Discount %</b> <table border="1" style="width:100%; height:30px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										If NCD is "NIL" Please indicate	<input type="checkbox"/> First Time vehicle owner <input type="checkbox"/> Have not owned a vehicle for > 1 year <input type="checkbox"/> Owned a vehicle for < 1 year	<input type="checkbox"/> Have made claims within the past 3 years <input type="checkbox"/> Have been driving company's / relative's vehicle <input type="checkbox"/> Own another vehicle, ownership of this vehicle is new											
<b>Previous Insurer</b>	Name of Insurer: _____			Policy No: _____																				
	Vehicle Registration No. (if different): _____			Expiry/Cancellation Date:		<table style="width:100%; text-align:center;"> <tr> <td style="width:20%;">DD</td> <td style="width:20%;">MM</td> <td style="width:20%;">YY</td> <td style="width:20%; border-left: 1px solid black;">/</td> <td style="width:20%; border-left: 1px solid black;">/</td> <td style="width:20%;"></td> </tr> </table>		DD	MM	YY	/	/												
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<b>Optional Extensions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Windscreen (For Comprehensive Cover only)			<input type="checkbox"/> Yes <input type="checkbox"/> No Accessories																				
	<input type="checkbox"/> S\$750 <input type="checkbox"/> S\$1,500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> \$1,750 <input type="checkbox"/> S\$1,250 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$ _____			Est. Value S\$: _____ Details: _____ <b>E.g. Radio, CD Player, Speakers etc. installed in vehicle</b>																				
<b>Details of Named Drivers</b>	(This section is only applicable if the Insured name is under individual) The Policyholder is required to bear the additional excess of \$2,000 if the driver is above the age of 62 years or below the age of 25 years or possesses less than 2 years driving experience on Singapore roads.																							
	<b>Name / NRIC/FIN</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Marital Status</b>	<b>Demerit Points</b>	<b>Driving Experience (Years)</b>	<b>Relationships</b>	<b>Occupation</b>																
	Name	<table style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>DD</td><td>MM</td><td>YY</td><td></td><td></td><td></td><td></td><td></td></tr> </table>									DD	MM	YY						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S				
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DD	MM	YY																						
<b>Declarations</b>	In respect of insurance on any Motor Vehicle owned by you, has any insurance company 1) Declined to insure you? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 2) Cancelled or refused to renew an existing Motor Insurance Policy held by you? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 3) Have you ever made a claim or was involved in any accident(s) under any Motor Insurance Policy during the last 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ If "Yes" to above, please specify _____																							
	I/We declared that the particulars of this proposal are true, accurate and complete. I/We agree that this proposal shall be the basis of the contract between me/us and Sompo Insurance Singapore Pte. Ltd. ("Sompo"). I/We confirm that I/we understand that in the event I/we do not have my/our repairs done at the appointed workshops under the ExcelDrive Classic plan, I/we will not be indemnified for the said repairs. <b>Additional excess applicable for Elderly, Young and Inexperienced drivers.</b> I/We further agree that an additional excess S\$2,000 shall apply over and above other excess(es) for accident, loss or damage for any driver who is above the age of 62 years or below the age of 25 years old or possesses less than 2 years driving experience on Singapore roads.  I/We acknowledge and agree (in case of corporate policy, I/we represent that I/we 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  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 www.sompo.com.sg																							
	<input type="checkbox"/> Insure the vehicle without COE. (tick if optional is selected) I/We fully understand that in the event of a total loss or theft claim, the market value of my/our vehicle at the time of loss less its residue COE shall be payable.			_____ <b>Company Stamp and/or Signature of Proposer</b> <b>Date :</b>																				
<b>Payment Instruction</b>	Amount: S\$	<input type="checkbox"/> <b>Cheque No.:</b> _____ Please make cheque payable to <b>"Sompo Insurance Singapore Pte. Ltd."</b>			<input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Master</b>			Card No: _____ Expiry Date: _____ <table style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>MM</td><td>YY</td><td></td><td></td></tr> </table>					MM	YY										
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