

Intermediary's Name/Code: \_\_\_\_\_ Producer 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.

**APPLICANT'S PARTICULARS**

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: \_\_\_\_\_

Driving Experience (Years) in Singapore: \_\_\_\_\_

**MOTOR VEHICLE PARTICULARS**

Registration No.: \_\_\_\_\_ Year of Registration: \_\_\_\_\_

Make &amp; 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 \_\_\_\_\_

**OPTIONAL COVER WITH ADDITIONAL PREMIUM (APPLICABLE TO COMPREHENSIVE COVER ONLY)**Loss of Use:  Yes  NoWaiver of Excess:  Yes  NoCover for accessories:  Yes  No

If yes, please tick and provide details and value below:

Solar Films S\$ \_\_\_\_\_ Sports Rims S\$ \_\_\_\_\_

Others (please specify) S\$ \_\_\_\_\_

Please attach 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' PARTICULARS

We encourage you to name the regular drivers of this vehicle as additional excess is applicable for unnamed drivers. Besides the applicant and his/her spouse, 2 other drivers can be included as named drivers. Where named driver is young and/or inexperienced/elderly drivers, an additional premium will apply (see DECLARATION section for details).

	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 Applicant			

## CLAIMS HISTORY

Have you or your named driver(s) ever made a claim within the past 3 years?  Yes  No

If yes, please provide details below.

Date of Accident	Nature of Accident	Claim Amount

## 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"/> Preferred Workshop Plan <input type="checkbox"/> Authorised Workshop Plan	<input type="checkbox"/> Third Party, Fire & Theft	<input type="checkbox"/> Third Party Only
--	--	---

## 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 |

NCD Protector (applicable to 10% NCD and above with additional premium):  Yes  No

### 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.

## FOR NCD VERIFICATION PURPOSE

Registration No. (if different): \_\_\_\_\_

## DECLARATION

**I, and on behalf of the person(s) to be insured** hereby declare and warrant that:

1. the vehicle to be insured is in sound and roadworthy condition. Any modifications to the vehicle are LTA compliant and must be declared, subject to acceptance by the company.
2. the vehicle to be insured is not registered and/or will not be used for commercial purposes, hire, reward, rental or lease.
3. I/we and all authorised driver(s) have valid driving license and have not been suspended or revoked in the last 3 years.
4. I/we and all authorised driver(s) have never been declined or have any policy cancelled or renewal refused or subjected to special terms.
5. I/we and all authorised driver(s) are physically/mentally fit to drive and not suffered from infirmity that could impair the ability to drive.
6. I/we understand that the vehicle will be repaired at the approved workshop assigned by Sompo if the vehicle is insured under Authorised Workshop Plan.
7. I/we understand that Sompo will verify the NCD with my existing/ex-insurer on the declared NCD entitlement. I/We hereby undertake to pay any difference in the premium amount owing which may arise in the event of a discrepancy between the NCD provided by my existing/ex-insurer and the declared NCD by me. I understand and acknowledge that failure to pay the difference in premium will result in the policy ceasing to be in force either upon the expiry of any notice which Sompo may give for the purpose of cancelling the policy or upon the expiry of such reduced period of coverage, having regard to the portion that the premium paid bears to the actual premium payable.
8. 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 person(s) to be insured, agree** to abide by the Policy terms, conditions and exclusions.

**I, and on behalf of the person(s) 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](http://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:

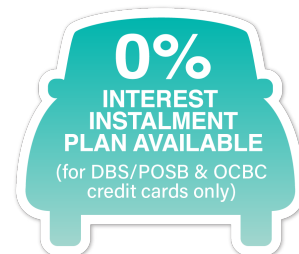
- Postal Mail  Email  Voice Calls  Text Messages (e.g. SMS)

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.

## PAYMENT INSTRUCTION

- Please charge S\$ \_\_\_\_\_ (including GST) 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: DBS/POSB & OCBC only (minimum S\$500)  
Instalment period:  6 months  12 months



Cardholder's Name: \_\_\_\_\_

Card No. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: MM / YYYY

- I / We enclose a cheque for S\$ \_\_\_\_\_ (including GST) payable to **Sompo Insurance Singapore Pte. Ltd.**

Bank / Cheque No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date