

For Comprehensive Private Car Insurance Only – Named Driver/s Declaration

1st Named Driver – No Charge

Name		NRIC No.	Date of Birth
Gender (Female / Male) *	Occupation		Indoor / Outdoor *
Driving Licence Registration Date		Relationship	

2nd Named Driver @ S\$50 + GST each (Note: For additional Named drivers @ S\$50 + GST each, please attach a separate sheet with particulars.)

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Gender (Female / Male) *	Occupation		Indoor / Outdoor *
Driving Licence Registration Date		Relationship	

General Questions

1. Do you drive to Malaysia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or your authorised driver been given/accumulated demerit points during the last 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or your authorised driver had any motor insurance proposal declined, cancelled or renewal rejected by any insurance Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or any of your authorised driver suffered any disease or infirmity that could impair the ability to drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has your car been modified/alterd from the original manufacturer's specification? If "Yes", please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

- (1) I/We have declared to the best of my/our 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.
 (2) 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.
 (3) 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.

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 stamp if Proposer is a Company)

Date

EXCLUSIVE OFFER Personal Accident - Additional Cover

- Yes! I want to be covered for S\$100,000 Personal Accident at only S\$50 (inclusive of GST).
 • Premium of S\$50 per year is exclusive for EQ Insurance motor policyholders only.
 • Worldwide insurance protection against accidental death or permanent disablement 24 hours a day, anywhere in the world.

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

Date

Declined Risks - Industrial workers using heavy machinery; woodworking related occupation involving aviation activities; armed services personnel, police force personnel and fire fighters; construction or skilled workers; ship crew or workers on board vessels, stevedores, shipbreakers; occupations involving diving, platforms, oil and gas rig and/or offshore work; occupation involving heights, underground, heat and handling of hazardous chemical or electricity; professional sports team; professional divers and jockeys; welders and the like.

Premium Payment

Premium Payable (including GST)	I would like to pay the premium by:	
	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque payable to "EQ Insurance Company Limited" Bank / Cheque No.: _____
S\$ (Motor)	I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card.	
S\$ (Personal Accident)	<input type="checkbox"/> Visa / MasterCard*	Name on Credit Card: _____ Tel No.: _____ (Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)
	Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
S\$ (Total)	Expiry Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Security Code <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> 0% Interest Free Instalment Plan (only for participating banks with total premium exceeding S\$500): Participating Bank: <input type="checkbox"/> UOB <input type="checkbox"/> Citibank Instalment Period: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months	
_____ Signature of Cardholder (As in Credit card)		_____ Date (dd/mm/yyyy)

For Official Use

Premium (w/GST)	Excess	Accepted By	Date
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* Delete where necessary