

## PROPOSAL FORM – COMMERCIAL VEHICLE

### IMPORTANT NOTICE TO THE PROPOSER

- Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you must disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.
- No insurance is in force until this Proposal has been accepted by the Company.
- 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 Warranty applied to the Policy in all instances, failing which there will be no liability under this cover.
- Any accident must be reported to the Mobile Accident Response Service (MARS) within 24 hours or latest by the next working day.

Agent / Broker:	Code:	Type of Plan (CLASSIC / PREMIER):
-----------------	-------	-----------------------------------

### PARTICULARS OF PROPOSER:

Full Name:		
Company Address:		Postal Code ( )
Contact No.: (Office)	(Mobile)	(Fax) Email:
Occupation:	(Indoor / Outdoor)*	Nature / Business:
Co. Regn. No.:	Hire Purchase (if any):	
Any related account with the Company: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please specify: _____		
If Proposer is an individual:		
NRIC / Passport No.:	Date of Birth (dd/mm/yyyy):	Driving Experience (in years):

### DETAILS OF VEHICLE:

Registration No.:	Year of Registration (YOR):	
Vehicle Model:	Make of Vehicle:	Engine Capacity:
Engine No.:	Laden Weight:	Unladen Weight:
Chassis No.:	Seating Capacity:	
Parallel Imported Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Vehicle: <input type="checkbox"/> Pickup <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Prime Mover <input type="checkbox"/> Trailer <input type="checkbox"/> Refrigerated Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____		
Period of Insurance: From _____ to _____		

### VEHICLE USAGE:

Commercial:	<input type="checkbox"/> Carriage of goods / passengers in connection with own business but not for hire or reward <input type="checkbox"/> Carriage of goods for hire or reward <input type="checkbox"/> Carriage of passengers for hire or reward <input type="checkbox"/> Rental to Third Party <input type="checkbox"/> Other purpose: (please specify) _____
-------------	---

## COVERAGE REQUIRED

Coverage: <div style="margin-left: 20px;"> <input type="checkbox"/> Comprehensive  <input type="checkbox"/> Third Party Fire &amp; Theft  <input type="checkbox"/> Third Party         </div>	Sum Insured (Market Value at Time of Loss): S\$ _____ S\$ _____ S\$ _____
Additional Features to be covered: <div style="margin-left: 20px;"> <input type="checkbox"/> Canopy    <input type="checkbox"/> Box    <input type="checkbox"/> Tinted Glass    <input type="checkbox"/> Crane    <input type="checkbox"/> Others         </div>	Sum Insured: S\$ _____

## PARTICULARS OF NAMED DRIVER: (TO BE COMPLETED ONLY IF PROPOSER IS AN INDIVIDUAL)

Name	Date of Birth (dd/mm/yyyy)	Gender	Driving Experience	Occupation

## PREVIOUS INSURANCE

No Claim Discount Entitlement to be transferred to this policy: _____ %	
Name of Insurer:	Policy No.:
Expiry Date:	Vehicle Registration No.:

## CLAIMS HISTORY OF PROPOSER AND MAIN / AUTHORISED DRIVER(S) (LAST 3 YEARS):

No.	Date of Accident	Name of Insurance Company	Details of Claims	Claim Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## ADDITIONAL INFORMATION: (IF THE ANSWER TO ANY QUESTION IS "YES", PLEASE GIVE FULL DETAILS ON A SEPARATE SHEET OF PAPER.)

1.	Has any person who will be driving the vehicle been in any motor accident for the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has any person who will be driving the vehicle been convicted of or having prosecutions pending for any motoring offences (other than parking offences) in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has any person who will be driving the vehicle suffer from any disease or infirmity that could impair the ability to drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has your vehicle been modified/alterd from the original manufacturer's specification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Has any of your motor insurance proposal been declined, cancelled or renewal rejected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## DECLARATION

I/We declare and warrant that:

1. All statements and answers in this application together with any required questionnaires or document are full, complete, true and correct and that no information or material has been withheld to affect acceptance of this application.
2. This application shall form the basis of the contract between EQ Insurance and myself/ourselves and for corporate policy, on behalf of the individuals under this policy, and agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto, I/we understand that if any of the information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we may receive nothing from the policy.
3. There is no awareness of any circumstances which is likely to lead to a claim under this policy at the point of this application.
4. 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.
5. I/We have agreed and consented (in case of corporate policy, I/we represent the same from the individuals in relation to this policy) that EQ Insurance may collect, use, disclose and/or process my/our personal data and disclose such relevant information to EQ Insurance's group companies, business partners, intermediaries, third party service providers, reinsurers, legal process participants and their advisers, governmental / regulatory authorities, industry associations, courts and other alternative dispute resolution forums, for the purposes and uses described in EQ Insurance's Personal Data Protection Statement at <https://www.eqinsurance.com.sg> (including the provision of the protection, services related to the insurance application, screening activities in accordance with legal/regulatory obligations/risk management procedures).

\_\_\_\_\_  
Signature of Proposer (and Company Stamp if Proposer is a Company)

\_\_\_\_\_  
Date

## FOR OFFICIAL USE:

Premium (w/GST):	Excess	Accepted By:	Date:
------------------	--------	--------------	-------

## CREDIT CARD AUTHORISATION FORM

### IMPORTANT NOTICE TO THE PROPOSER:

1. I hereby authorise EQ Insurance to charge my credit card (details below) for the Total Insurance Premium due.
2. I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card.

### PAYMENT INSTRUCTION

Name of Policy Holder:			NRIC / FIN / UEN No.:
Contact No.: (Home)	(Office)	(Mobile)	Email:
PolicyType / Policy No. / Cover Note No. / Invoice No.:			Amount to be charged:
1. _____			_____
2. _____			_____
3. _____			_____
Total Insurance Premium:			_____

### PERSONAL DATA COLLECTION STATEMENT

I agree and consent that EQI may collect, use and process my personal information obtained in this Credit Card Authorisation Form and disclose such information to third party service vendors and financial institutions for the purpose of processing and making payments to EQI.

Note: Please refer to the full version of EQI's Data Privacy Policy found at <https://www.eqinsurance.com.sg/CorporatePolicies> before providing your consent.

### CREDIT CARD DETAILS (APPLICABLE TO AMEX/ MASTERCARD/ VISA)

Premium (including GST): S\$ \_\_\_\_\_

<input type="checkbox"/> Visa / MasterCard*	Name on Credit Card: _____	Tel No.: _____
<input type="checkbox"/> AMEX	(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"/>	
Expiry Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CVV <input type="text"/> <input type="text"/> <input type="text"/>
Credit Card Issuing Bank: _____		

All refunds due during policy period shall be issued to the Name of Insured. EQI shall not be held responsible or liable in anyway, should there be any dispute arising with regard to such deduction or refund.

(\* Delete where appropriate)

Signature of Cardholder (As in Credit card)	Date (dd/mm/yyyy)
--	-------------------

### FOR OFFICIAL USE

Accepted By:	Verified by:	Date:
--------------	--------------	-------

Submit your COMPLETED APPLICATION form to [distribution@eqinsurance.com.sg](mailto:distribution@eqinsurance.com.sg).

### EQ Insurance Company Limited

77 Robinson Road #12-01 Robinson 77 Singapore 068896  
tel (65) 6223 9433 | [distribution@eqinsurance.com.sg](mailto:distribution@eqinsurance.com.sg) | [www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)  
reg no. 1978-00490-N