

PROPOSAL FORM – PRIVATE MOTOR CAR

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.
- Payment Before Cover Warranty (for Private Individual): In accordance with General Insurance Association of Singapore's Code of Practice For Premium Payment, this Policy issued to Individual Policyholder shall not be in force unless premium is paid to the Company on or before the date of inception of this policy.
- 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 / SUPREME):
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PARTICULARS OF PROPOSER

Name / Company Name*:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential or Company Address:			Postal Code ()	
Contact No.: (Home) (Office) (Mobile)	Email:		Date of Birth: (dd/mm/yyyy)	
Occupation (Indoor / Outdoor)*:		Nature / Business:		
NRIC No. / Business Reg. No.*:	Nationality:	Driving Experience: (in years)	Marital Status:	
Is the vehicle purchased for use by other(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes", please give details: _____				

DETAILS OF MAIN DRIVER (IF REGISTERED OWNER IS NOT DRIVING VEHICLE TO BE INSURED OR VEHICLE REGISTERED UNDER COMPANY'S NAME)

Name:		Occupation / Business: (Indoor / Outdoor)*	
Driving Experience:	Date of Birth (dd/mm/yyyy):	NRIC / Passport No.:	

PARTICULARS OF VEHICLE (PLEASE ATTACH PHOTOCOPY OF VEHICLE REGISTRATION CARD)

Registration No.:	Year of Registration (YOR):	Make of Vehicle:	Vehicle Model:
Vehicle Type:	Engine Capacity:	Engine No.:	
Chassis No.:	Is this vehicle under Hire Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Finance Company:	
Cover Required (Comprehensive / Third Party Fire & Theft / Third Party)*:	Seating Capacity (excluding driver):	Off-Peak Car: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sum Insured: (Market Value at time of loss)	Private Vehicle: (Private Use / Company Use)*	Period of Insurance: From _____ To _____	

NCD ENTITLEMENT / CONFIRMATION (PLEASE ATTACH PHOTOCOPY OF RENEWAL NOTICE)

No Claim Discount Entitlement (Existing / Renewal)*: _____ %	Vehicle No.:	Existing Insurer:
Existing Policy No.:	Expiry Date:	No Claim Discount Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF ACCESSORIES (OTHER THAN FACTORY-FITTED) YOU HAVE INSTALLED IN THE VEHICLE

1. _____ (Value: _____)
2. _____ (Value: _____)

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

Have you or authorised driver(s) had any motor insurance related claim over the last 3 years? ☐ Yes, see details below. ☐ No

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

FOR COMPREHENSIVE PRIVATE CAR INSURANCE ONLY – NAMED DRIVER/S DECLARATION

1st Named Driver			
Name:		NRIC / Passport No.:	Date of Birth (dd/mm/yyyy):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Occupation: (Indoor / Outdoor)*	
Driving Licence Registration Date:		Relationship:	
2nd Named Driver (Note: For additional Named drivers, please attach a separate sheet with particulars.)			
Name:		NRIC / Passport No.:	Date of Birth (dd/mm/yyyy):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Occupation: (Indoor / Outdoor)*	
Driving Licence Registration Date:		Relationship:	

GENERAL QUESTIONS

1. Have you or your authorised driver(s) 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
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 / altered from the original manufacturer's specification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please give details: _____		

PERSONAL ACCIDENT - ENHANCED COVER **EXCLUSIVE OFFER!**

This policy includes a \$50,000 Personal Accident whilst driving. You can now enhance it by an additional \$100,000 sum insured worldwide coverage for just an additional top-up premium of S\$87.20 (inclusive of GST).

☐ Yes! I want to be covered for S\$100,000 Personal Accident at only S\$87.20 (inclusive of GST). ☐ No

Declined Risks - Including but not limited to, Industrial workers using heavy machinery; woodworking related occupation; any occupation involving aviation activities; armed services personnel, police force personnel and firefighters; construction workers; ship crew or workers on board vessels, stevedores, shipbreakers; occupations involving diving, platforms, oil and gas rig and/or off-shore work; occupation involving heights above 30 feet, underground, heat and handling of hazardous chemical or electricity; professional sports persons; professional divers and jockeys; welders and the like.

Note: You must be 65 years old and below in order to purchase this enhanced cover. This rate will only apply as long as you're covered under EQ Private Motor Insurance.

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:
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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.:	(Office)	(Mobile)	Email:
Policy Type / 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)
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FOR OFFICIAL USE

Accepted By:	Verified by:	Date:
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Submit your COMPLETED APPLICATION form to 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 | www.eqinsurance.com.sg
reg no. 1978-00490-N