

Private Car Insurance Application Form

(Please complete form filling by clicking and typing in the fields)

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.

Intermediary's Name/Code:

Producer Code:

Quotation No.:

Applicant's Particulars

Name:

NRIC/FIN:

Correspondence Address:

Nationality:

Date of Birth: DD/MM/YYYY

Occupation:

Gender: ☐ Male ☐ Female

Driving Experience (Years) in Singapore:

Marital Status: ☐ Single ☐ Married

Email:

Mobile:

Office Tel:

Motor Vehicle Details

Make and Model:

Year of Manufacture:

Registration No.:

Year of Registration:

Type of Vehicle:

- ☐ Cabriolet ☐ Coupe ☐ Saloon ☐ Stationwagon
☐ Multi Purpose Vehicle - MPV ☐ Sports Utility Vehicle - SUV
☐ Others: _____

Engine No.:

Engine Capacity:

Chasis No.:

Company Registered Vehicle: ☐ Yes (please provide company name below) ☐ No

Seating Capacity:

Company Name: _____

Insured with COE: ☐ Yes ☐ No

Nature of Business:

UEN:

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 provide information below. Any modifications to the vehicle must be declared and are subject to the company's approval. The company reserves the right to void the policy from inception in the event of non-disclosure.

Optional Cover with Additional Premium (Applicable to Comprehensive Cover only)Loss of Use: ☐ Yes ☐ NoWaiver of Excess: ☐ Yes ☐ NoSolar Films: ☐ Yes ☐ No

Sum Insured: S\$ _____

Cover for Accessories: ☐ Yes (please provide details and value below) ☐ No

Description: _____ Sum Insured: S\$ _____

Please attach all relevant supporting document(s) including LTA's approval and invoice relating to 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, 2 other drivers can be included as named drivers. Where named driver is young and/or inexperienced/elderly drivers, an additional premium will apply.

	Named Driver (1)	Named Driver (2)	Named Driver (3)
Name as in NRIC (please underline surname)			
NRIC/FIN			
Nationality			
Date of Birth	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
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 HistoryHave you or your named driver(s) ever made a claim within the past 3 years? ☐ Yes ☐ No

Date of Accident	Nature of Accident	Claim Amount
DD / MM / YYYY		S\$
DD / MM / YYYY		S\$
DD / MM / YYYY		S\$

Coverage

Is this an "Insured Not Driving" policy?

☐ Yes ☐ No

Period of Insurance: From DD / MM / YYYY To DD / MM / YYYY

Plan Type (check as applicable):

☐ Comprehensive☐ Preferred Workshop Plan☐ Authorised Workshop Plan☐ Third Party, Fire & Theft☐ Third Party Only

No Claim Discount (NCD)

NCD (%): _____

If NCD is "NIL", please indicate reason:

- | | |
|---|--|
| ☐ First time car owner | ☐ Have not owned a car for more than 1 year |
| ☐ Have owned this car for less than 1 year | ☐ Have made claims within the past 3 years |
| ☐ Have been driving company/relative's car | ☐ Own another car, ownership of this car is new |

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

Declarations

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

1. I/we understand that misrepresentation or non-disclosure of material fact(s) will render the policy voidable from inception.
2. the vehicle to be insured is in sound and roadworthy condition.
3. any modifications to the motor vehicle must be declared and are subject to the company's approval. Failure to declare may result in the policy being void from inception.
4. the vehicle to be insured is not registered and/or will not be used for commercial purposes, hire, reward, rental or lease.
5. I/we and all authorised driver(s) have valid driving license and have not been suspended or revoked in the last 3 years.
6. I/we and all authorised driver(s) have never been declined or have any policy cancelled or renewal refused or subjected to special terms.
7. 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.
8. I/we and any of the authorised driver(s) is/are not engaged as night entertainer, detectives, jockey or horse trainer, diplomat and money lender.
9. the nature of business for which the company registered vehicle is used does not fall under the categories of embassy/governmental organisations; military/armed forces/emergency services; hospital/hospice/voluntary organisation/welfare home; tour operators; vehicle rental/leasing; waste removal and waste site operators; motor trader/motor workshop/vehicle breakdown recovery; building construction.
10. 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.
11. 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.
12. I/we confirm that the information given in this application 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 so Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg.

Marketing Consent

I/We would like Sompo to send me/us marketing updates and/or information about your products, promotions and services via:

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

I/We am/are aware that this supersedes any other marketing consent which I/we may have previously provided to Sompo. I/We am/are aware that it may take up to 30 days for Sompo to update my marketing consent. I/We understand that I/we may change or withdraw my/our marketing consent subsequent to this product application. I/We confirm that I/we am/are the user and/or subscriber of the telephone number which was provided to Sompo.

By signing this application form, I/we have agreed to the statements in the Declarations above.

DD / MM / YYYY

Signature of Applicant

Date

Payment Instructions

☐ Please charge S\$ _____ (including GST) to my ☐ Visa ☐ MasterCard

Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.

Payment mode (check where applicable):

☐ Single deduction (full payment)

☐ Instalment plan (0% interest free)

Issuing bank: DBS/POSB and OCBC only (minimum S\$500)

Instalment period: ☐ 6 months ☐ 12 months

Cardholder Name: _____

Expiry Date: MM / YYYY

Credit Card No: - - -

DD / MM / YYYY

Signature of Cardholder

Date

☐ I/We enclosed a cheque number _____ for S\$ _____ (including GST) payable to

Sompo Insurance Singapore Pte. Ltd.