

PROPOSAL FORM – PRIVATE MOTOR CAR

IMPORTANT NOTICE TO THE PROPOSER

1. 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.
2. No insurance is in force until this Proposal has been accepted by the Company.
3. Payment Before Cover Warranty (for Private Individual): In accordance to 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 or Intermediary on or before the date of inception of this policy.
4. Any accident must be reported to the Mobile Accident Response Service (MARS) within 24 hours or latest by the next working day.

Agent / Broker: SM INSURE PTE LTD	Code: A000552	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 *:		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 *
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 *	Period of Insurance: From _____ To _____	

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

No Claim Discount Entitlement Existing *:	_____ %	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 *
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 *
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? If "Yes", please give details: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- carrying out identity checks;
- deciding whether to insure or continue to insure you and your insured persons;
- providing advice for product recommendation based on your profile;
- processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- responding to your inquiries or instructions and providing ongoing services, under your policy;
- making or obtaining payments and recovering any debt owed to us;
- detecting and preventing fraud, unlawful or improper activities;
- conducting market research and statistical analysis;
- coaching employees for customer service quality assurance;
- reinsuring risks and for reinsurance administration; and
- complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- Medical Professionals and Institutions;
- Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;

- d. Debt collection agencies;
- e. Dispute resolution parties;
- f. Parties that assist us to investigate, administer and adjudicate claims;
- g. Financial institutions;
- h. Credit reference agencies;
- i. Industry associations; and
- j. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Marketing Option

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication;

- Telephone call
 Text Message
 Mail
 Email

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

E. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

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\$86.40 (inclusive of GST).

- Yes! I want to be covered for S\$100,000 Personal Accident at only S\$86.40 (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

- (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.

SIGN HERE

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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EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | distribution@eqinsurance.com.sg | www.eqinsurance.com.sg
 reg no. 1978-00490-N

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.
3. If there is a cancellation to the policy, I fully understand that any refundable premium will be paid to the policyholder of the policy.

PAYMENT INSTRUCTION

Name of Insured:	NRIC / Passport No.:
Contact No.: (Home) (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 MASTERCARD/ VISA)

Premium (including GST): S\$ _____

I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card

Visa / MasterCard* Name on Credit Card: _____ Tel No.: _____
(Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)

Card No.

Expiry Date - CCV

Signature of Cardholder
(As in Credit card)

Date (dd/mm/yyyy)

(* Delete where appropriate)

FOR OFFICIAL USE

Accepted By:	Verified by:	Date:
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Submit your COMPLETE APPLICATION form to distribution@eqinsurance.com.sg.