

APPLICATION FOR MOTOR INSURANCE

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP. 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Particulars of Registered Owner

Name (as shown in NRIC)		NRIC/Passport/ROC No.	Is your Company GST Reg <input type="checkbox"/> Yes <input type="checkbox"/> No GST Reg No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (dd/mm/yyyy)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Please attach documentary proof)	
Pass Date of Driving Licence (dd/mm/yyyy)		Contact No. (O) _____ (H) _____ (Hp) _____		
Residential Address			Email	
Occupation <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Name of Employer		Language	

Details of Primary Driver if registered owner is not driving the vehicle to be insured (Name, NRIC No. date of birth, gender, driving experience, occupation - indoor/outdoor).

Particulars of Named Driver(s) for Private Car

1) Name (as shown in NRIC)		NRIC/Passport No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)
Pass Date of Driving Licence (dd/mm/yyyy)	Occupation <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Relationship to Registered Owner		
2) Name (as shown in NRIC)		NRIC/Passport No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)
Pass Date of Driving Licence (dd/mm/yyyy)	Occupation <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Relationship to Registered Owner		

Details of Insurance Cover

Period (dd/mm/yyyy) From _____ To _____	No Claim Discount (NCD) entitlement _____ %
To enable us to confirm your NCD entitlement, please provide the details below:	
Previous Insurer _____	Policy No. _____
Vehicle No. _____	Expiry Date (dd/mm/yyyy) _____
<i>I undertake to pay any difference in the premium payable under the policy issued by NTUC Income if my previous insurer state that I am not entitled to NCD or that my NCD entitlement is lower than what is stated here.</i>	
Private Car <input type="checkbox"/> drivo Premium Plan (repair at preferred workshop) <input type="checkbox"/> drivo Classic Plan (repair at quality workshop) <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party	
Commercial Vehicles / Motorcycle / Others¹ <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party	

Additional Options

For drivo plans only <input type="checkbox"/> Plus (waiver of basic excess and transport allowance of \$50 per day subject to maximum of 7 days if period of repair exceeds 3 days) <input type="checkbox"/> NCD Protection (applicable for 50% NCD only)	<input type="checkbox"/> Insure COE and PARF Value (not applicable to Third Party cover)
Additional Excess Premium Reduction <input type="checkbox"/> \$ 500 8% <input type="checkbox"/> \$ 1,000 12% <input type="checkbox"/> \$ 1,500 15%	Accessories (not factory-fitted) i) Description _____ _____ _____ ii) Value _____
Applicable to motorcycle: Only details of additional named driver - 1 driver only (Name, NRIC No., date of birth, driving experience, occupation - indoor/outdoor)	

¹ Delete where necessary

Type and Details of Motor Vehicle

Type <input type="checkbox"/> Private car <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motor-cycle	<input type="checkbox"/> Saloon <input type="checkbox"/> SUV <input type="checkbox"/> Standard Van <input type="checkbox"/> Standard Lorry with Crane/Tailgate <input type="checkbox"/> Trailer <input type="checkbox"/> Tow Truck <input type="checkbox"/> Bus <input type="radio"/> School children only <input type="radio"/> General purposes <input type="checkbox"/> Side Car	<input type="checkbox"/> Off-peak car <input type="checkbox"/> Station Wagon/MPV <input type="checkbox"/> Standard Lorry/Pickup <input type="checkbox"/> Garbage Truck <input type="checkbox"/> Tipper <input type="checkbox"/> Others (Please Specify) _____ <input type="checkbox"/> Recondition	<input type="checkbox"/> Coupe <input type="checkbox"/> High Performance/Turbo <input type="checkbox"/> Refrigerated Vehicle <input type="checkbox"/> Mixer <input type="checkbox"/> Tanker <input type="checkbox"/> Hood/Canopy <input type="checkbox"/> Prime Mover <input type="checkbox"/> Ambulance
Make/Model _____		Usage <input type="checkbox"/> Private <input type="checkbox"/> Company <input type="checkbox"/> Others (please specify): _____	
Registration No. _____	Original Registration Date (dd/mm/yyyy) _____	Engine No. _____	Chassis No. _____
Seating Capacity (including driver) _____	CC/Tonnage ¹ _____	(For commercial vehicle only) Unladen Weight: _____ Laden Weight: _____	
Name of finance company (if under hire-purchase) _____			

Other Particulars

Have you or your named driver(s) been convicted of any driving offences (excluding parking) for the past 3 years? If "Yes", please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Have you or your named driver(s) been involved in any motor accident for the past 3 years? If "Yes", please give details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date of Accident</th> <th style="width: 35%;">Name of Insurance Company</th> <th style="width: 40%;">Type of Claim (OD,TPD, TPI)²</th> <th style="width: 10%;">Amount of Claim</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	Date of Accident	Name of Insurance Company	Type of Claim (OD,TPD, TPI) ²	Amount of Claim	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	
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_____	_____	_____	\$ _____														
_____	_____	_____	\$ _____														
_____	_____	_____	\$ _____														
<small>² OD = Own Damage; TPD = Third Party Damage; TPI = Third Party Injury</small>																	

Declaration by Proposer

I/We declare that the Motor Vehicle described above shall be kept in ROADWORTHY CONDITION and that the above information is true, correct and complete, and, whether written by me/us or by anyone else on my/our behalf, I/We accept full responsibility for them. I/We have not withheld any material information.

I/We agree that this Application and other written statements, information or declaration made by me/us or on my/our behalf shall form the basis of the contract of insurance between us and NTUC Income.

I/We acknowledge that the liability of NTUC Income does not commence until this Proposal has been accepted and the premium paid and received in full by NTUC Income.

Signature of Proposer/Company Stamp	Date (dd/mm/yyyy)
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IMPORTANT

1. Please answer all the questions or indicate "NIL" or "NA" where applicable.
2. If the Registered Owner is not driving the vehicle, the particulars of the Primary Driver must be stated in this Application Form.
3. All private car policyholders shall be responsible for Unnamed Driver Excess of \$2,500, in addition to the Excess stated under the Policy, if the said driver is aged 26 years and below or has less than 1 year relevant driving experience. The Unnamed Driver Excess is \$500 if aged 27 years and above.
4. All motorcycle policyholders shall be responsible for Named Driver Excess of \$500, in addition to the Excess stated under the Policy, if the said driver is less than 21 years old or has less than 2 years relevant driving experience.

For Official Use

Adviser's Name	Adviser's Code	Policy No.
Checked by	Date (dd/mm/yyyy)	Premium
Remarks		

¹ Delete where necessary