

## COMMERCIAL MOTOR INSURANCE DETAILS FORM

### IMPORTANT NOTES

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application Form, fully and faithfully, all the facts you know or should know, otherwise the Policy may be void.
- All questions in this Proposal Form must be answered before this Proposal can be considered. Any question not answered will be taken as answered in the negative.

DETAILS OF REGISTERED OWNER	
Registered Name :	Tel (Office) :
Address :	Tel (Alternate):
ROC No. :                                  NRIC No:	Fax :
Nationality :                                  Date of Birth:	Email :
Nature of business/Occupation:	Driving Experience:

DETAILS ON PAST INSURANCE		
Existing / Past Insurer:	Policy No.	NCD :
Registration No.:	No. of Claims over last 3 years :	
Renewal Declined : YES / NO	Quantum of Claims : Own Damage=                  3 <sup>rd</sup> Party=	

DETAILS OF VEHICLE TO BE INSURED	
Make :	Model :
Type :	Registration No.:
Tonnage :	Engine Capacity :                          No. of Seater:
Year of Registration :	Year of Manufacture :
Engine No.:	Chassis No. :
Finance Company :	Usage Type (Indicate if others): Pte Use / Hire
Parallel Import: YES / NO	Transmission Type : AUTOMATIC / MANUAL
Modifications to the Vehicle original specifications :	
Other options / accessories to be insured :	

DETAILS OF COVERAGE	
Type of Cover : Comprehensive / Third Party, Fire & Theft / Third Party	
Please indicate if business is of construction or/and scaffolding nature: YES / NO	
Sum Insured :	Cover Scope : Single Vehicle / Fleet. If Fleet, no.=
Period of Insurance :                          to	
Own Damage Excess (Sect I) :	Excess (Sect II) :
Premium Payable inclusive of GST :	