

MOTOR VEHICLE PROPOSAL FORM

Important Notes:

- Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) (or any subsequent amendment thereof), you are to disclose in this proposal form, fully and faithfully, all the facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, you may receive nothing from the policy.
- Please answer all the questions or indicate "Nil" or "NA" where applicable.
- This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg)

PARTICULARS OF AGENCY

Agency Name: _____ Agency Code: _____

PARTICULARS OF PROPOSER

Full Name of Proposer (Dr/Mr/Mrs/Mdm/Ms*): _____ Gender: M / F *
NRIC / FIN / UEN No *: _____ Nationality: _____ Marital Status: _____
Date of Birth (dd/mm/yyyy): _____ Occupation / Type of Business: _____ (Indoor / Outdoor *)
Address (as shown on NRIC): _____
Contact No: _____ (Home) _____ (Office) _____ (Mobile)
Is the Proposer driving the vehicle: Yes / No * Driving Licence Under Probation: Yes / No * Pass Date of Class 3 Driving Licence (dd/mm/yyyy): _____
Demerit Points# in Past 24 months: _____ Employer: _____

PARTICULARS OF NAMED DRIVERS (OTHER THAN THE PROPOSER)

Full Name of Proposer (Dr/Mr/Mrs/Mdm/Ms*): _____ Gender: M / F *
NRIC / FIN / UEN No *: _____ Nationality: _____ Marital Status: _____
Date of Birth (dd/mm/yyyy): _____ Occupation / Type of Business: _____ (Indoor / Outdoor *)
Relationship to Proposer: _____ Driving Licence Under Probation: Yes / No *
Pass Date of Class 3 Driving Licence (dd/mm/yyyy): _____ Demerit Points# in Past 24 months: _____

Full Name of Proposer (Dr/Mr/Mrs/Mdm/Ms*): _____ Gender: M / F *
NRIC / FIN / UEN No *: _____ Nationality: _____ Marital Status: _____
Date of Birth (dd/mm/yyyy): _____ Occupation / Type of Business: _____ (Indoor / Outdoor *)
Relationship to Proposer: _____ Driving Licence Under Probation: Yes / No *
Pass Date of Class 3 Driving Licence (dd/mm/yyyy): _____ Demerit Points# in Past 24 months: _____

Full Name of Proposer (Dr/Mr/Mrs/Mdm/Ms*): _____ Gender: M / F *
NRIC / FIN / UEN No *: _____ Nationality: _____ Marital Status: _____
Date of Birth (dd/mm/yyyy): _____ Occupation / Type of Business: _____ (Indoor / Outdoor *)
Relationship to Proposer: _____ Driving Licence Under Probation: Yes / No *
Pass Date of Class 3 Driving Licence (dd/mm/yyyy): _____ Demerit Points# in Past 24 months: _____

Note: Please attach an extra copy if there are more than 3 named drivers.

PARTICULARS OF CURRENT INSURANCE

Name of Insurance Co: _____ Vehicle Registration No: _____
No Claim Discount (NCD) (%): _____ Policy No: _____ Expiry / Cancellation Date of Insurance: _____
Important Note: I undertake to pay any difference in the premium under the policy issued by OAC if I am not entitled to NCD or my NCD entitlement is lower than what is stated here.

PERIOD OF INSURANCE

Period Starting From _____ (dd/mm/yyyy) To _____ (dd/mm/yyyy)

* Delete where necessary
OAC reserves the rights to verify the Demerit Points with the relevant authority.
MPF / APPL2.0 / DEC2014

DETAILS OF VEHICLE

Please Tick (✓) where appropriate:

Registration No: _____ Make / Model: _____ Year of Registration: _____

Engine No: _____ Chassis No: _____ CC / Tonnage*: _____

Year of Manufacture: _____ Seating Capacity (including driver): _____ Estimated Market Value: _____

Name & Address of Finance Company / Bank (if applicable): _____

Type of Vehicle: Private Vehicle Commercial Vehicle

Private Vehicle: Saloon / Sedan Hatchback SUV MPV / Station wagon Coupe / Cabriolet / Convertible

Others (Please Specify): _____

Commercial Vehicle: Bus Concrete Mixer Dumper Lorry Lorry with Crane Lorry with Refrigerator Lorry with Tailgate

Pickup Prime Mover Tanker Truck Tipper Trailer Van

Others (Please Specify): _____

Parallel Import: Yes / No *

Fuel Type: CNG Diesel Electric Hybrid Petrol

Is the vehicle modified or altered from the original vehicle specifications: Yes / No *

If Yes, please give complete details or on a separate sheet if the space is insufficient:

COVERAGE DETAILS

Private Vehicle:

Comprehensive (Authorised Workshop) Comprehensive (Any Workshop) Third Party Fire and Theft Third Party Only

Off-Peak Car: Yes / No *

Certificate of Merit (COM) from Traffic Police: Yes / No *

NCD Protector (Applicable for 50% NCD only. This is an optional benefit with additional premium to be paid.)

The benefit will protect your 50% NCD against the 1st claim during the Period of Insurance. The 2nd claim will affect your NCD and it will be reduced to 20%. The 3rd and subsequent claims will cause your NCD to be totally forfeited. The reduction or forfeiture of NCD will take effect only from renewal. Please note that this NCD Protector is not transferable to another insurer and does not guarantee renewal or non-cancellation of Policy by the Corporation.

Loss of Use (Additional Premium – S\$100.)

Applicable for Comprehensive Cover only. Exclude windscreen damage claims, payable when vehicle takes more than 2 days to repair, pays S\$80 per day from first day up to 7 days.

Commercial Vehicle:

Comprehensive Third Party Fire and Theft Third Party Only

OTHER DETAILS

a) Have you or any of your Named Drivers had any motor accidents or claims in the last 3 years? No / Yes *

If Yes, please provide details below:

Date of Accident	Name of Driver	Details of Accident / Insurance Company	Claim Amount	
			Own Damage	Third Party Claim

Note: Please give complete details or on a separate sheet if the space is insufficient.

b) Have you or any of your Named Drivers been convicted of or pending prosecution against any driving offences (other than parking offences)?

No / Yes * If Yes, please provide details: _____

c) Do you or any of your Named Drivers suffer from any physical or mental infirmity or defective vision or hearing?

No / Yes * If Yes, please provide details: _____

d) Has any insurance company at any time in respect of the motor insurance (new or renewal) in your name or in the name of any other person who, to your knowledge, will drive the vehicle:

i) Declined any proposal for motor insurance? No / Yes *

ii) Cancelled any motor insurance policy? No / Yes *

iii) Refused to renew any motor insurance policy? No / Yes *

iv) Imposed other special terms on your motor insurance? No / Yes * If Yes, please provide details: _____

DECLARATION AND SIGNATURE

a) I / We* hereby declared and agree to insure my / our* Private / Commercial* vehicle with THE OVERSEAS ASSURANCE CORPORATION LIMITED (the "Corporation").

b) I / We* understand and agree to accept that no insurance shall take effect until this application has been fully accepted, full payment is received and a policy is issued by the Corporation.

c) I / We* hereby declare that the above mentioned Private / Commercial* vehicle is and will be kept in road worthy condition.

d) I / We* hereby declare that all the answers given in this proposal are true and correct, that this Proposal, the declarations and disclosures herein shall form the basis of the policy, and subject to the policy terms, conditions and exclusions.

e) I / We* hereby agree to give my / our* consent for the Corporation to verify the Demerit Points with the relevant authority.

f) I / We* hereby declare that I / We* and Named Driver(s) possess valid driving licence(s) and have not been disqualified from holding or obtaining such driving licence(s).

* Delete where necessary

OAC reserves the rights to verify the Demerit Points with the relevant authority.

MPF / APPL2.0 / DEC2014

Policy Application, Service and Administration

Where the policyholder(s) is/are an individual or individuals, by providing the information set out above, I/we agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/ we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greatasteernlife.com/sg/en/pncpolicies.htm> and which I/we confirm I/we have read and understood.

Where the policyholder is not an individual, we hereby confirm and represent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that the insured individuals of the Policy we are applying for ("Insured Individuals") have agreed and consented to the disclosure of their personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Individuals, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate our proposal and to provide the products or services which we are applying for. In respect of the Insured Individuals who are subsequently enrolled into the Policy that we are applying for, we further undertake that we shall ensure and procure that each Insured Individual has provided such agreement and consent in relation to his/her personal data for such purposes.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greatasteernlife.com/sg/en/pncpolicies.htm> and which we confirm each of us and the Insured Members have read and understood.

Yes, I/we would also like to stay in touch with the Companies to get updates and rewards via (tick one or more)¹:

- phone²;
- mail, email and other means of communication.

By ticking the box(es) above, I/we understand that:

- (a) the Companies and their Representatives may collect, use and/or disclose my/our personal data for contacting me/us about products and services offered by the Companies; and
- (b) my/our response here does not affect my/our other consents given to the Companies and their Representatives and their rights at law in respect of my/our personal data³.

¹ This consent is independent of this Proposal and the relevant policy.
² This option includes voice calls, text and fax via my/our Singapore telephone numbers provided in this form and my/our other Singapore telephone numbers in your records from time to time.
³ Leaving any of the boxes above blank will not be treated as a withdrawal of any other consent I/we may have previously provided to the Companies and their Representatives.

Signature of Proposer / Company Stamp

Date (dd/mm/yyyy)

PAYMENT MODE

Premium Payable: S\$ _____

I would like to pay the premium by (please tick one):

- Cheque** - Please make out a cheque payable to "OAC Insurance".
- Credit Card**: VISA / MasterCard* (For lump sum premium only. Not applicable for commercial vehicles)
- OCBC Instalment Payment Plan**[^] Yes, I wish to pay in equal instalment+ over 12 months (Not applicable for commercial vehicles)

* Please complete OCBC Instalment Payment Plan Application form along with proposal form.
 # In the event of the cancellation for OCBC IPP, refund will be made to the credit card.

[^] OCBC Instalment Payment Plan is subject to a minimum of S\$300
 + because of the rounding to the nearest cents, the amount for the First month's instalment may differ from the subsequent month's instalment

Credit Card No.: Expiry Date: (mm) (yyyy)

Relationship to Proposer: Self Spouse Parent Child Sibling

Name of Cardholder (as shown on the card): _____

NRIC / FIN No. of Cardholder: _____

Signature of Cardholder