

Motor Proposal Form – Commercial Vehicle / Motorcycle

Important Notice	1) STATEMENT Pursuant to Section 25(5) of the Insurance Act (or any subsequent amendments thereof) – We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy. 2) Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover. 3) Coverage is void if the vehicle does not have a valid Certificate of Entitlement. 4) You are advised to keep a copy of this proposal form for your future reference. 5) The liability of the Company does not commence until this Application is accepted. 6) A specimen copy of the policy form is available on request.
-------------------------	---

Intermediary's Name / Code : _____		Policy No.: _____							
Vehicle Usage	Commercial <input type="checkbox"/> Own Commercial Use (Not for Hire/Reward) <input type="checkbox"/> Hire Commercial Use (For Hire/Reward) <input type="checkbox"/> Rental to Third Party <input type="checkbox"/> Others _____	Motorcycle <input type="checkbox"/> Policy Holder Only <input type="checkbox"/> Any Rider <input type="checkbox"/> Own Commercial Use <input type="checkbox"/> Others _____							
Coverage	(Please select plan) Value Required (Market Value at Time of Loss) (inclusive of features & accessories)								
	<input type="checkbox"/> Comprehensive S\$ _____ <input type="checkbox"/> 3rd Party Fire & Theft S\$ _____ (Not applicable for Motorcycle) <input type="checkbox"/> 3rd Party N.A.								
	Period of Insurance: From: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">DD</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">MM</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">YY</td></tr></table> To: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">DD</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">MM</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">YY</td></tr></table> (both dates inclusive)			DD	MM	YY	DD	MM	YY
DD	MM	YY							
DD	MM	YY							
ExcelDrive Features	ExcelDrive Classic Features include: 1. Compulsory that repair is carried out at ExcelDrive Workshop (EDWS) 2. Windscreen Coverage (Limit: S\$1,000) - Optional Windscreen cover can be insured at an additional charge of S\$40 for every S\$1,000 and S\$10 for each additional S\$250 sum insured. There will be no reinstatement of the windscreen cover after the 1 st claim. Subsequent windscreen claim will be treated under the Own Damage section and subject to policy excess. 3. Claims Reporting There is a 24 hours requirement for reporting to a Centre authorized by Sompo Insurance Singapore Pte. Ltd. and a 14 days requirement for submitting an own damage claim.								
The Proposer	<input type="checkbox"/> Co-Owner : _____ <input type="checkbox"/> Mr <input type="checkbox"/> Ms Address : _____ S() Contact Nos. : Off) _____ Res) _____ HP) _____ Company's Registration Number : _____ Occupation/Business Description : _____ Number of Vehicles own/operate: Pickup _____ Prime Mover _____ Panel Van _____ Trailer _____ Lorry _____ Others _____ Any related account with Sompo Insurance Singapore Pte. Ltd.? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: _____ Any Business in West Malaysia? <input type="checkbox"/> Yes <input type="checkbox"/> No How often do you drive to West Malaysia? <input type="checkbox"/> Weekly or more <input type="checkbox"/> Once a month or less <u>If Owner is an individual</u> NRIC/FIN: _____ Driving Experience (Years): _____ (In Singapore)								
	Date of Birth: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">DD</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">MM</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">YY</td></tr></table>	DD	MM	YY	Valid Driving Licence? <input type="checkbox"/> No <input type="checkbox"/> Yes Demerit Points? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Pts				
DD	MM	YY							
Particulars of Motor Vehicle	Registration No.: _____ Seating Capacity: _____ (As stated on Log Card and/or MPC Label) COE Expiry Date: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">DD</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">MM</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">YY</td></tr></table>	DD	MM	YY	Year of Manufacture: _____ Year of Registration: _____ Road Tax Expiry <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">DD</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">MM</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">YY</td></tr></table>		DD	MM	YY
DD	MM	YY							
DD	MM	YY							

	Make & Model of Vehicle / Motorcycle: _____ Parallel Imported: <input type="checkbox"/> Yes <input type="checkbox"/> No Engine No.: _____ Chassis No.: _____ Engine Capacity: _____ tonnage HP Owners: _____ <input type="checkbox"/> Pickup <input type="checkbox"/> Panel Van <input type="checkbox"/> Lorry <input type="checkbox"/> Prime Mover <input type="checkbox"/> Trailer <input type="checkbox"/> Others _____ Additional features to be covered (Section 1 and 2) <input type="checkbox"/> Power gate <input type="checkbox"/> Crane <input type="checkbox"/> Tinted Glass <input type="checkbox"/> Refrigerator Box <input type="checkbox"/> Canopy <input type="checkbox"/> Others _____ Sum Insured: _____													
NCD Discount	No Claim Discount/ Fleet Discount % <table border="1" style="width:100%; height:40px;"> <tr><td style="width:20%;"></td><td style="width:20%;"></td><td style="width:20%;"></td><td style="width:20%;"></td><td style="width:20%;"></td></tr> </table>						If NCD is "NIL" Please indicate <input type="checkbox"/> First Time vehicle owner <input type="checkbox"/> Have not owned a vehicle for > 1 year <input type="checkbox"/> Owned a vehicle for < 1 year	<input type="checkbox"/> Have made claims within the past 3 years <input type="checkbox"/> Have been driving company's / relative's vehicle <input type="checkbox"/> Own another vehicle, ownership of this vehicle is new						
Previous Insurer	Name of Insurer: _____				Policy No: _____									
		Vehicle Registration No. (if different): _____				Expiry/Cancellation Date:		<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:15%;">DD</td> <td style="width:15%;">MM</td> <td style="width:15%;">YY</td> </tr> </table>	DD	MM	YY			
DD	MM	YY												
Optional Extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No Windscreen (For Comprehensive Cover only)				<input type="checkbox"/> Yes <input type="checkbox"/> No Accessories									
		<input type="checkbox"/> S\$750 <input type="checkbox"/> S\$1,500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> \$1,750 <input type="checkbox"/> S\$1,250 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$ _____				Est. Value S\$: _____ Details: _____ E.g. Radio, CD Player, Speakers etc. installed in vehicle								
Details of Named Drivers	(This section is only applicable if the Insured name is under individual) The Policyholder is required to bear the additional excess of \$2,000 if the driver is above the age of 70 years or below the age of 25 years or possesses less than 2 years driving experience on Singapore roads.													
		Name / NRIC/FIN	Date of Birth	Sex	Marital Status	Demerit Points	Driving Experience (Years)	Relationships	Occupation					
		Name	<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:15%;">DD</td> <td style="width:15%;">MM</td> <td style="width:15%;">YY</td> </tr> </table>	DD	MM	YY	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S						
DD	MM	YY												
		Name	<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:15%;">DD</td> <td style="width:15%;">MM</td> <td style="width:15%;">YY</td> </tr> </table>	DD	MM	YY	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S						
DD	MM	YY												
Declarations	In respect of insurance on any Motor Vehicle owned by you, has any insurance company 1) Declined to insured you? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 2) Cancelled or refused to renew an existing Motor Insurance Policy held by you? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 3) Have you ever made a claim or was involved in any accident(s) under any Motor Insurance Policy during the last 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ If "Yes" to above, please specify _____ I/We declared that the particulars of this proposal are true, accurate and complete. I/We agree that this proposal shall be the basis of the contract between me/us and Sompo Insurance Singapore Pte. Ltd. ("Sompo"). I/We confirm that I/we understand that in the event I/we do not have my/our repairs done at the appointed workshops under the ExcelDrive Classic plan, I/we will not be indemnified for the said repairs. Additional excess applicable for Elderly, Young and Inexperienced drivers. I/We further agree that an additional excess S\$2,000 shall apply over and above other excess(es) for accident, loss or damage for any driver who is above the age of 70 years or below the age of 25 years old or possesses less than 2 years driving experience on Singapore roads. I/We acknowledge and agree (in case of corporate policy, I/we represent that I/we 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 to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at www.sompo.com.sg <input type="checkbox"/> Insure the vehicle without COE. (tick if optional is selected) I/We fully understand that in the event of a total loss or theft claim, the market value of my/our vehicle at the time of loss less its residue COE shall be payable.													
								Company Stamp and/or Signature of Proposer Date : _____						
Payment Instruction	Amount: S\$	<input type="checkbox"/> Cheque No.: _____ Please make cheque payable to "Sompo Insurance Singapore Pte. Ltd."				<input type="checkbox"/> Card No.: _____ <input type="checkbox"/> Master								
						Expiry Date:		<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:15%;">MM</td> <td style="width:15%;">YY</td> </tr> </table>	MM	YY				
MM	YY													