

## APPLICATION FORM

For non-SmartDrive Private Policies only

# Motor Insurance

### 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 which you know or ought to know, otherwise the Policy issued may be void.
- Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. Any question not answered on this form will be taken as an answer in the negative.
- This policy 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 your insurer or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

Agent/ Account No. <small>ASTRA ASSURANCE AGENCIES LLP 573</small>	Policy No.	Quotation No.
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## 1) PROPOSER

### PERSONAL PARTICULARS

 Full name of Proposer (As shown in NRIC/ Passport, please underline surname):  Mr  Ms  Mrs  Mdm  Dr

NRIC/ Passport No./ FIN :	Date of Birth (dd/mm/yyyy):	Race:
Address:		Postal code:
Tel: (H) _____ (O) _____ (HP) _____	E-mail: _____	
Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status : <input type="checkbox"/> Single <input type="checkbox"/> Married	Nationality : <input type="checkbox"/> Singaporean <input type="checkbox"/> Others
Occupation:	Company's name :	Fax:

### PREVIOUS INSURER

Previous Insurer:	No Claim Discount entitlement: If NCB is 0%, please indicate reason: <input type="checkbox"/> First time owning a car <input type="checkbox"/> Claim made in last one year <input type="checkbox"/> Others _____
Policy No.:	
Vehicle No.:	
Policy expiry / Cancellation date:	

### OTHER INFORMATION

Off Peak Car: <input type="checkbox"/> Yes <input type="checkbox"/> No	Usage of motor vehicle: <input type="checkbox"/> Pleasure <input type="checkbox"/> Business use <input type="checkbox"/> Weekend use <input type="checkbox"/> Others	Parallel Imported Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Driving Experience: ( \_\_\_\_\_ ) years

Safe driver's incentive:  Yes  No    If Yes, please submit a copy of your Certificate of Merit with this Proposal. (Applicable for 30% to 50% NCD Only)

## 2) VEHICLE DETAILS

Vehicle Type: <input type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Others		
Make & Model (include GTI, GL, etc):	Registration No:	
Engine No.:	Chassis No:	
Year of registration:	Year of manufacture:	Engine capacity:
Seating capacity (excluding driver):		
Body Type: <input type="checkbox"/> Saloon or Sedan <input type="checkbox"/> Coupe <input type="checkbox"/> Convertible <input type="checkbox"/> Multi-purpose Vehicle (MPV) <input type="checkbox"/> Others <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Hatchback <input type="checkbox"/> Sports Utility Vehicle (SUV)	Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	
Is the vehicle under financing/lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify
Is the vehicle fitted with theft alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify
Has the vehicle been modified (other than factory fitted)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify with value

## 3) COVER DETAILS

Coverage: **A. SmartDrive Commercial policies only**  Comprehensive  Third Party, Fire and Theft  Third Party Only

**B. All other Motor policies**  
 Comprehensive  Third party fire and theft  Third party only

Sum Insured: \_\_\_\_\_

Period of Insurance (dd/mm/yyyy): From \_\_\_\_\_ To \_\_\_\_\_

Do you wish to insure COE and PARF value? (Applicable to Comprehensive and Third Party, Fire & Theft cover only)

#### 4) NAMED DRIVER PARTICULARS

Name (as in NRIC, please underline surname)	Named driver (1)	Named driver (2)	Named driver (3)
	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr
Relationship to Proposer			
Date of birth (dd/mm/yyyy)			
NRIC/ Passport no. / FIN			
Nationality			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race			
Driving Experience (years)			
Occupation			
Claim made, if any			

#### 5) OTHER INFORMATION RELATING TO DRIVER(S)

1. Have you had any motor insurance related claim over the last 3 years?  Yes  No If Yes, please specify:

Date of accident (dd/mm/yyyy)	Name of insurance company	Amount of claim	Details of claim (Own Damage/ Third Party/ Theft)

2. Have you or your named driver(s) been convicted of any driving offence in the past 3 years?  Yes  No If Yes, please specify:

3. Have you or your named driver(s) had your motor insurance terminated by any insurance company?  Yes  No If Yes, please specify:

4. Have you or your named driver(s) been given demerit points for traffic offences?  Yes  No If Yes, please state driver:  
No. of demerit points accumulated in the past 24 months:

5. Have you or your named driver(s) suffered any disease or infirmity that could impair the ability to drive?  Yes  No If Yes, please specify:

#### 6) PERSONAL DATA

I confirm that the information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.

By providing this information, I understand and give my consent for AXA Insurance Singapore and AXA Life Insurance Singapore (collectively "AXA") and their respective representatives or agents to:

- Collect, use, store, transfer and/ or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/ or managing of my relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
- Collect, use, store, transfer and/ or disclose personal data about me and those whose personal data I have provided from sources other than myself for the Purposes.
- Contact me to share with me information about products and services from AXA that may be of interest to me by post and e-mail and  
 By telephone  By fax  By text message

#### 7) DECLARATION

In accordance to 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 which you know or ought to know, otherwise the policy issued may be void.

- I hereby declare and agree to insure my motor vehicle with AXA Insurance Singapore Pte Ltd and I agree to accept the Company's Policy subject to the terms, conditions and exceptions of the Policy. I hereby declare that the abovementioned Motor Vehicle is and will be kept in good condition.
- I hereby warrant that all answers given in this proposal are true and correct and that this Proposal and Declaration shall form part of the contract between the Company and myself.
- I hereby agree to give my consent for the Company to verify any given information with the relevant authority.
- I acknowledge that should there be a change in any information provided, the premium quoted may be revised. I further acknowledge that the No Claim Discount is subject to confirmation by my current insurer and any difference in the No Claim Discount may affect the basic premium quoted.

\_\_\_\_\_  
**Signature of Proposer & Date**

- Notes:
- Our liability does not commence until we have accepted this Proposal and the premium paid by the Proposer.
  - Your Policy carries a Premium Warranty Clause which requires the premium to be paid in full within 60 days failing which there would be no liability under the Policy.

#### 8) FOR OFFICIAL USE ONLY

Total Premium (Including GST):                      Date (dd/mm/yyyy) :                      Staff Name & Signature :  
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