

EQ Insurance

PROPOSAL FORM – COMMERCIAL VEHICLE

IMPORTANT NOTICE TO THE PROPOSER

- Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you must disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.
- No insurance is in force until this Proposal has been accepted by the Company.
- 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 Warranty applied to the Policy in all instances, failing which there will be no liability under this cover.
- Any accident must be reported to the Motor Accident Response Service (MARS) within 24 hours or latest by the next working day.

Agent / Broker ASTRA ASSURANCE AGENCIES LLP	Code A00007	Period of Insurance From: _____ To: _____
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Particulars of Proposer:

Full Name:		
Company Address:		Postal Code ()
Contact No.: (Office)	(Mobile)	(Fax) Email:
Occupation:	(Indoor / Outdoor)*	Nature / Business:
Co. Regn. No.:	Hire Purchase (if any):	
Any related account with the Company: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please specify: _____		
<i>If Proposer is an individual:</i>		
NRIC / Passport No.:	Date of Birth (dd/mm/yyyy):	Driving Experience (in years):

Details of Vehicle:

Registration No.:	Year of Registration (YOR):	
Vehicle Model:	Make of Vehicle:	Engine Capacity:
Engine No.:	Laden Weight:	Unladen Weight:
Chassis No.:	Seating Capacity:	
Parallel Imported Vehicle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Vehicle:	<input type="checkbox"/> Pickup <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Prime Mover <input type="checkbox"/> Trailer <input type="checkbox"/> Refrigerated Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others _____	

Vehicle Usage:

Commercial:	<input type="checkbox"/> Carriage of goods / passengers in connection with own business but not for hire or reward <input type="checkbox"/> Carriage of goods for hire or reward <input type="checkbox"/> Carriage of passengers for hire or reward <input type="checkbox"/> Rental to Third Party <input type="checkbox"/> Other purpose: (please specify) _____
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Coverage Required

Coverage:	Sum Insured (Market Value at Time of Loss):
<input type="checkbox"/> Comprehensive	S\$ _____
<input type="checkbox"/> Third Party Fire & Theft	S\$ _____
<input type="checkbox"/> Third Party	S\$ _____
Additional Features to be covered:	Sum Insured:
<input type="checkbox"/> Canopy <input type="checkbox"/> Box <input type="checkbox"/> Tinted Glass <input type="checkbox"/> Crane <input type="checkbox"/> Others	S\$ _____

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Particulars of Named Driver: (To be completed only if Proposer is an Individual)

Name	Date of Birth (dd/mm/yyyy)	Gender	Driving Experience	Occupation

Previous Insurance

No Claim Discount Entitlement to be transferred to this policy: _____ %

Name of Insurer:

Policy No.:

Expiry Date:

Vehicle Registration No.:

Claims History of Proposer and Main / Authorised Driver(s) (Last 3 Years):

No.	Date of Accident	Name of Insurance Company	Details of Claims	Claim Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Additional Information: (If answer to any question is "Yes", please give full details on a separate sheet of paper.)

- Has any person who will be driving the vehicle been in any motor accident for the past 3 years? Yes No
- Has any person who will be driving the vehicle been convicted of or having prosecutions pending for any motoring offences (other than parking offences) in the last 3 years? Yes No
- Has any person who will be driving the vehicle suffer from any disease or infirmity that could impair the ability to drive? Yes No
- Has your vehicle been modified/alterd from the original manufacturer's specification? Yes No
- Has any of your motor insurance proposal been declined, cancelled or renewal rejected? Yes No

Personal Data Collection Statement

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- carrying out identity checks;
- deciding whether to insure or continue to insure you and your insured persons;
- providing advice for product recommendation based on your profile;
- processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- responding to your inquiries or instructions and providing ongoing services, under your policy;
- making or obtaining payments and recovering any debt owed to us;
- detecting and preventing fraud, unlawful or improper activities;
- conducting market research and statistical analysis;
- coaching employees for customer service quality assurance;
- reinsuring risks and for reinsurance administration;
- complying with all applicable laws, including reporting to regulatory and industry entities; and
- carrying out No-claim discount (NCD) and claims verification from third-parties.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- Medical Professionals and Institutions;
- Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- Debt collection agencies;
- Dispute resolution parties;
- Parties that assist us to investigate, administer and adjudicate claims;
- Financial institutions;
- Credit reference agencies;
- Industry associations; and
- To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

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C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Marketing Option

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication. ;

Telephone call Text Message Mail Email

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

5. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

Declaration:

- (1) I/We have declared to the best of my/our knowledge and belief that all the answers given in this Proposal are true and correct and I/We have not withheld any information likely to affect acceptance of this Proposal.
- (2) I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/We further agree to accept the Company's policy subject to the terms exclusions and conditions expressed therein, endorsed thereon or attached thereto.
- (3) I/We undertake the vehicle to be insured is and will be kept in a GOOD CONDITION, and will not be driven by any person whom to my/our knowledge has been refused motor insurance or continuance therefore.

If this Proposal has not been completed by me/us personally, I/we declare that I/we have read the completed form and accept full responsibility for the answers.

Signature of Proposer (and Company Stamp if Proposer is a Company)

Date

Credit Card Details (Applicable to MasterCard/ Visa/JCB/AMEX)

Premium (including GST): S\$ _____

I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card

Visa / MasterCard* Name on Credit Card: _____ Tel No.: _____
 JCB (Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)
 AMEX

Card No.

Expiry Date - Security Code

Instalment Plan (only for participating banks with total premiums exceeding S\$500)

Participating Bank: DBS UOB Citibank Instalment Period: 6 Months 12 Months

(* Delete where appropriate) Signature of Cardholder
(As in Credit card)

Date
(dd/mm/yyyy)

For Official Use:

Premium (Including GST):	Excess	Accepted By:	Date:
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