



PROPOSAL FORM - COMMERCIAL VEHICLE

IMPORTANT NOTICE TO THE PROPOSER

1. 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.

2. No insurance is in force until this Proposal has been accepted by the Company.

3. 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.

4. Any accident must be reported to the Mobile Accident Response Service (MARS) within 24 hours or latest by the next working day.

Agent / Broker				Period of Insurance From: To:			
PARTICULARS OF PROPOSER:							
Full Name:							
Company Address: Postal Code ())
Contact No.: (Office)	(Mobile) (Fax)			Email:			
Occupation:		(Indoor / O	utdoor)*	Nature / Bu	lature / Business:		
Co. Regn. No.:				Hire Purchase (if any):			
Any related account with the Company: Yes No If "Yes" please specify:							
If Proposer is an individual:							
NRIC / Passport No.:		Date of Birth (dd/mm/yyy	y): Dı		Driving Experien	Driving Experience (in years):	
DETAILS OF VEHICLE:							
Registration No.: Year of Registration (YOR):							
Vehicle Model:	icle Model: Make of Vehicle:		Engine Capacity:		<i>y</i> :		
Engine No.:			Laden Weight: Unladen Weight:				
Chassis No.:			Seating Capacity:				
Parallel Imported Vehicle:	Yes		No				
Type of Vehicle: Pickup Van Lorry Prime Mover Trailer Refrigerated Vehicle Bus Motorcycle Others					nicle		
VEHICLE USAGE:							
Commercial: Carriage of goods / passengers in connection with own business but not for hire or reward Carriage of goods for hire or reward Carriage of passengers for hire or reward Rental to Third Party Other purpose: (please specify)							
COVERAGE REQUIRED							
Coverage: Comprehensive Third Party Fire &Theft Third Party			Sum Insu S\$ S\$ S\$	red (Market	Value at Time of Lo		
Additional Features to be cove	ered:	Tinted Glas	s Cran	е	Others	Sum Insured: S\$	





PARTICULARS OF NAMED DRIVER: (TO BE COMPLETED ONLY IF PROPOSER IS AN INDIVIDUAL)							
Name		Date of Birth (dd/mm/yyyy)	Gender	Driving Experience	erience Occupatio		
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 Ins	urance Company	Details of Claims	aim Amount			
1.	_						
2.				_			
3.							
ADDITIONAL INFORMATION							
ADDITIONAL INFORMATION: (IFTHE ANSWERTO 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	
2. 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	
3. Has any person who will be driving the vehicle suffer from any disease or infirmity that could impair the ability to drive?					Yes	No	
4. Has your vehicle been modified/altered from the original manufacturer's specification?					Yes	☐ No	
5. 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:

- a. carrying out identity checks;
- b. deciding whether to insure or continue to insure you and your insured persons;
- c. providing advice for product recommendation based on your profile;
- d. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- e. communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- f. responding to your inquiries or instructions and providing ongoing services, under your policy;
- g. making or obtaining payments and recovering any debt owed to us;
- h. detecting and preventing fraud, unlawful or improper activities;
- i. conducting market research and statistical analysis;
- j. coaching employees for customer service quality assurance;
- k. reinsuring risks and for reinsurance administration; and
- I. complying with all applicable laws, including reporting to regulatory and industry entities.

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:

- a. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- b. Medical Professionals and Institutions;
- c. 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;
- d. Debt collection agencies;
- e. Dispute resolution parties;





f. Parties that assist us to investigate, administer and adjudicate claims;g. Financial institutions;h. Credit reference agencies;i. Industry associations; and					
j. To any regulatory, government	and statutory body to comply with applic	able, laws or regulation or upon the	eir valid request.		
C. Personal Data Access and Amen	dments				
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	nere, we will follow any existing option ye	ou may have indicated previously.			
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E. Withdrawal Option of the collect					
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.					
	s employees shall be liable for any loss of consented to us and/or any of its employ		ser as a result of any disclosure of		
Altering on this "Personal data col	lection statement" is strictly prohibited. A	any attempt to do so will be of no e	ffect.		
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 t	o be insured is and will be kept in a GOO d motor insurance or continuance therefo	D CONDITION, and will not be drive			
<u> </u>	leted by me/us personally, I/we declare the		arm and accept full recognibility		
for the answers.	neted by me/us personally, I/we declare to	iat i/we have read the completed it	of the accept full responsibility		
Signature of Proposer (and Comp	pany Stamp if Proposer is a Company)		Date		
CREDIT CARD DETAILS (APPLICABI	LETO MASTERCARD/ VISA/JCB/AMEX)				
Premium: S\$	(including GST)				
I agree that no reversal is allowed	under any circumstances whatsoever, on	ce the payment is charged to my c	redit card		
	ame on Credit Card:	Tel No.:			
_ 00B	ardholder must be the Policyholder, Spouse, Paren	t, Child or Sibling)			
AMEX Card No.					
Expiry Date	- Security C	code			
Instalment Plan (only for participating banks with total premiums exceeding S\$500)					
Participating Bank: DBS UOB Citibank Instalment Period: 6 Months 12 Months					
_	Signature of Cardholder	Date	e (dd/mm/yyyy)		
(* Delete where appropriate)	(As in Credit card)				
FOR OFFICIAL USE:					
Premium (Including GST):	Excess	Accepted By:	Date:		





