

PROPOSAL FORM - PRIVATE MOTOR CAR

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. Payment Before Cover Warranty (for Private Individual): In accordance to General Insurance Association of Singapore's Code of Practice For Premium Payment, this Policy issued to Individual Policyholder shall not be in force unless premium is paid to the Company or Intermediary on or before the date of inception of this policy.

		4. Any accident must be report	ed to the Mobile A	ccident	Response Service (MARS)) withii	n 24 hours or latest	t by the next working da	
Agent / Broker:	ker: Code:			Type of Plan (CLASSIC / PREMIER):					
PARTICULARS OF PROPOSER									
Name / Company Name*:						Ger	nder: Mal	e Female	
Residential or Company Address:						Pos	stal Code ()	
Contact No.: (Home) (Office) (Mobile)			Email:			Date of Birth: (dd/mm/yyyy)			
Occupation (Indoor / Outdoor)*:			Nature / Business:						
NRIC No. / Business Reg. No.*:	Nationality:		Driving Experience: (in years)		Marital Status:				
Is the vehicle purchased for use by If "Yes", please give details:	other(s	s)? Yes No	,			'			
DETAILS OF MAIN DRIVER (IF REG	ISTERED	OWNER IS NOT DRIVING VEHICLE TO	BE INSURED OF	VEHIC	LE REGISTERED UNDER	R COM	//PANY'S NAME)		
Name:			Occupation / Business:			(Indoor / Outdoor)*			
Driving Experience:	Date	of Birth (dd/mm/yyyy):	NRIC / Passport No.:						
PARTICULARS OF VEHICLE (PLEAS	SE ATTAC	H PHOTOCOPY OF VEHICLE REGISTRA	TION CARD)						
Registration No.:	Year	ear of Registration (YOR): Make of Vehicle:				Vehicle Model:			
Vehicle Type:	Engin	e Capacity:	Engine No.:						
Chassis No.:		vehicle under Hire Purchase? Yes No	Name of Finance Company:						
Cover Required (Comprehensive /Third Party Fire &Theft /Third Party)*:			Seating Capacity (excluding driver):				Off-Peak Car: Yes No		
um Insured: Private Vehicle:		Period of Insurance:					·		
Market Value at time of loss	(Priv	ate Use / Company Use)*	From To						
NCD ENTITLEMENT / CONFIRMA	ATION	PLEASE ATTACH PHOTOCOPY OF REN	IEWAL NOTICE)						
No Claim Discount Entitlement (Existing / Renewal)*:			Vehicle No.:		Existing Insurer:				
Existing Policy No.:			Expiry Date:		No Claim Discount Protection:				
DETAILS OF ACCESSORIES (OTHE	RTHAN I	FACTORY-FITTED) YOU HAVE INSTALLE	ED IN THE VEHICL	.E					
1.			(Value			:)			
2					(Value	:)	
CLAIMS HISTORY OF PROPOSER	RANDI	MAIN / AUTHORISED DRIVER	R(S) (LAST 3 YE	ARS)					
Have you or authorised driver(s) ha	ad any i	motor insurance related claim	over the last 3	3 year	s? Yes, see det	tails	below.	No	
No. Date of Accident Name of Insurance Company D			Details of Claims			Claim Amount			
1						-			
2						-			



FOR COMPREHENSIVE PRIVATE CAR INSURANCE ONLY - NAMED DRIVER/S DECLARATION

1st Named Driver							
Name:	NRIC / Passport No.:	Date of Birth (dd/mm/yyyy):					
Gender: Male Female	Occupation:			(Indoor /	Outdoor)*		
Driving Licence Registration Date:	Relationship:						
2nd Named Driver (Note: For additional Named drivers, please attach a separate sheet with particulars.)							
Name:	NRIC / Passport No.: Date of B			Birth (dd/mm/yyyy):			
Gender: Male Female	Occupation:			(Indoor / Outdoor)*			
Driving Licence Registration Date:	Relationship:						
GENERAL QUESTIONS							
1. Have you or your authorised driver(s) been convicted of or having prosecutions pending for any motoring offences							
2. Have you or your authorised driver been given / accumulated demerit points during the last 24 months?					Yes	No	
3. Have you or your authorised driver had any motor insurance proposal declined, cancelled or renewal rejected by any insurance Company?					No		
4. Have you or any of your authorised driver suffered any disease or infirmity that could impair the ability to drive?					Yes	No	
5. Has your car been modified / altered from the original manufacturer's specification? If "Yes", please give details:					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 applicable, laws or regulation or upon their valid request.

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	e marketing or promotional materials o	on our products or services via the foll	owing modes of communication;			
Telephone call	Text Message Mail	Email				
If you do not indicate your option h	ere, we will follow any existing option	you may have indicated previously.				
E. Withdrawal Option of the collect	E. 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 colle	Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.					
PERSONAL ACCIDENT - ENHANC	EED COVER EXCLUSIVE OFFER!					
This policy includes a \$50,000 Persoage for just an additional top-up pro	onal Accident whilst driving. You can r emium of S\$50 (inclusive of GST).	ow enhance it by an additional \$100,	000 sum insured worldwide cover-			
Yes! I want to be covered for S	\$100,000 Personal Accident at only S\$	50 (inclusive of GST).	No			
Declined Risks - Industrial workers using heavy machinery; woodworking related occupation involving aviation activities; armed services personnel, police force personnel and fire fighters; construction or skilled workers; ship crew or workers on board vessels, stevedores, shipbreakers; occupations involving diving, platforms, oil and gas rig and / or offshore work; occupation involving heights, underground, heat and handling of hazardous chemical or electricity; professional sports team; professional divers and jockeys; welders and the like.						
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.						
	e insured is and will be kept in a GOO otor insurance or continuance therefo		by any person whom to my/our			
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 Compar	Signature of Proposer (and Company Stamp if Proposer is a Company) Date					
CREDIT CARD DETAILS (APPLICABLE TO MASTERCARD/ VISA/JCB/AMEX)						
Premium: S\$	(including GST)					
	under any circumstances whatsoever,	once the payment is charged to my c	redit card			
Visa / MasterCard* Na	ıme on Credit Card:	Tel No.:				
JCB (Ca	ardholder must be the Policyholder, Spouse, Pa	ent, 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						
(* Delete where appropriate)	Signature of Cardholder Date (dd/mm/yyyy) (As in Credit card)					
FOR OFFICIAL USE:						
Premium (w/GST):	_					
	Excess	Accepted By:	Date:			





