

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

PRIVATE VEHICLE - MOTOR INSURANCE PROPOSAL FORM								
Policy No.		Agent/Broker:	Agent/Broker Code:					
Quotation No.								
Cover Note No.								

Under Section 25(5) of the Insurance Act (Cap 142), you have to disclose to the Insurer in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed; otherwise, the policy issued hereunder may be void.

IMPORTANT

- 1. The Liability of the Company does not commence in respect of this proposal until acceptance has been communicated by the Company to proposer or his agent or broker.
- 2. All questions in this Proposal Form must be answered before this Proposal can be considered. Any question not answered will be taken as answered in the negative.
- 3. All policies, renewal certificates, cover notes, endorsements for policies carry a Premium Warranty Clause which requires the premium to be paid in full within a specific period failing which would be no liability under the policy, renewal certificate, cover note, endorsement, etc.
- 4. All amendments and/or corrections are to be initial by the insured.
- 5. Your Personal Data Is Important To Us. This is an application for an insurance product provided by China Taiping Insurance Singapore Pte. Ltd. ("CTPIS" or "Company"). We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy
- 6. 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 us or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

PLEASE COMPLETE IN BLOCK LETTERS AND INK

Tick boxes as appropriate and delete at (*) accordingly. Any amendments require the signature of the Proposer.

Details of	Proposer								
Name									
NRIC / Passport No. / Company Reg.No.						Date of Birth (dd/mm/	уууу)		
						D D / M	MIY		
Marital Statu	JS	Gender		National	ity				
Single	Married	Male	Female	Singa	aporean	Others, please	specify:		
Address									
				Postal Code:					
Contact Det	ails								
Home No.: Office No.:		No.:	Mobile No. (Mandatory): En		Email Ad	Email Address (Mandatory):			
Date of obtaining Singapore Driving License				Occupation / Business					
Details of	Vehicle								
Registration	No	M	ake & Model			Year of Make		Registration Da	ate
Engine No		CI	nassis No			C.C. / Tonnage		Seating Capac	ity
Electric Veh	icle	С	Yes O	No					
Type of Vehicle (Tick one)			O Saloon O Hatchback		- 0		⊖ suv		
		0	Roadster	O Jee			Convertible		
Type of Veh (Tick all that is	e of Vehicle Off Peak Car Parallel Import Models* Off Vehicle (Decline)								
Hire Purcha	se Company								

*Refer to Declaration section on Page 3 for more information

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2	Coverage Required											
5	Coverage Required	overage Required										
	Period of Cover	of Cover From to (To co		(To coincide with	incide with Road Tax expiry date if possible)							
	Type of Cover	e of Cover Comprehensive and Third Party Fire & Theft Source and Third Party Fire & Theft, coverage is based on market value at the time of loss.					Third Part	y Only				
		AutoSafe Sch	neme				Yes	No				
		Applicable to Com	prehensive Coverage of	only. Refer to Declaration	section on Page 3 for	more information.						
4	Vehicle Usage	Vehicle Usage										
		Yes	No									
	Private Car	(b) Will the ve	ehicle be used fo	r carriage of passe	engers for hire o	r reward?	Yes	No				
5	5 Named and Unnamed Drivers											
		Named Driver(s) - must be above 29 years old or below 65 years old as at last birthday with at least 3 years Singapore driving experience										
								схрененее				
	Name of Driver	D.0	.В	Pass Date	NRIC No		Gender					
	This Section applies only to Private Car Policy: Insured and Named Drivers enjoy one-time excess waiver (up to S\$500 for non-continental cars and up to S\$1,000 for continental cars) in the event of an Own Damage Claim made at our Authorised Workshops. Unnamed Driver Additional Excess:											
	*Age / Driving Experie		Additional Excess									
	≥ 26**		S\$500									
	≤ 25		S\$3,000									
	<pre>< 1 year driving experience** S\$3,000 *Age as at date of accident</pre>											
	**S\$3,500 is the maximum unnamed driver ac	Iditional excess applic	cable for young and ine	xperienced drivers unless	otherwise specified ir	the policy schedul	e.					
6	Windscreen Replacement	/indscreen Replacement (Automatic Reinstatement)										
	1. Replace at any Authorised	Distributor Worl	kshops (within w	arranty period - ma	aximum 3 years) (unlimited					
	2. Replace at any of our Author											
	3. Other than the above					(S\$2,000					
	4. Option to increase coverage	e at Non-Autho	rised Workshops									
	up to S\$3,000/- AP: S\$50/-											
	up to S\$4,000/-	AP: S\$										
	Excess S\$100/- every claim (ur	less otherwise	e stated in the p	oolicy schedule).								
7	Optional Cover											
_	Option to purchase											
	1. Loss of Use											
	(cap @ S\$50 X 5 days per policy period)O AP: S\$50/-											
(cap @ S\$50 X 10 days per policy period) O AP: S\$75/-												
	(cap @ S\$50 X 10 days pe		~									
	(cap @ S\$50 X 10 days pe (cap @ S\$100 X 5 days pe	r policy period)										
	(cap @ S\$50 X 10 days pe	r policy period)										
	 (cap @ S\$50 X 10 days per (cap @ S\$100 X 5 days per (cap @ S\$100 X 10 days per 2. Buy Down Excess 	r policy period) er policy period) () AP: S	\$\$150/-								
	(cap @ S\$50 X 10 days pe (cap @ S\$100 X 5 days pe (cap @ S\$100 X 10 days p 2. Buy Down Excess Buy down \$250	r policy period) er policy period) () AP: 8	S\$150/- S\$37.50/-								
	 (cap @ S\$50 X 10 days per (cap @ S\$100 X 5 days per (cap @ S\$100 X 10 days per (cap @ S\$100 X 10 days per 2. Buy Down Excess Buy down \$250 Buy down \$500 	r policy period) er policy period) () AP: 5 () AP: 5 () AP: 5	\$\$150/- \$\$37.50/- \$\$75/-								
	 (cap @ S\$50 X 10 days per (cap @ S\$100 X 5 days per (cap @ S\$100 X 10 days per (cap @ S\$100 X 10 days per 2. Buy Down Excess Buy down \$250	r policy period) er policy period) O AP: 8 O AP: 8 O AP: 8 O AP: 8	\$\$150/- \$\$37.50/- \$\$75/- \$\$112.50/-								
	 (cap @ S\$50 X 10 days per (cap @ S\$100 X 5 days per (cap @ S\$100 X 10 days per (cap @ S\$100 X 10 days per 2. Buy Down Excess Buy down \$250	r policy period) er policy period) O AP: 8 O AP: 8 O AP: 8 O AP: 8 O AP: 8	\$\$150/- \$\$37.50/- \$\$75/- \$\$112.50/- \$\$150/-								
	 (cap @ S\$50 X 10 days per (cap @ S\$100 X 5 days per (cap @ S\$100 X 10 days per (cap @ S\$100 X 10 days per 2. Buy Down Excess Buy down \$250	r policy period) er policy period) O AP: 5 O AP: 5 O AP: 5 O AP: 5 O AP: 5 O AP: 5	\$\$150/- \$\$37.50/- \$\$75/- \$\$112.50/- \$\$150/- \$\$187.50/-								
	 (cap @ S\$50 X 10 days per (cap @ S\$100 X 5 days per (cap @ S\$100 X 10 days per (cap @ S\$100 X 10 days per 2. Buy Down Excess Buy down \$250	r policy period) er policy period) O AP: 8 O AP: 8 O AP: 8 O AP: 8 O AP: 8 O AP: 8 O AP: 8	\$\$150/- \$\$37.50/- \$\$75/- \$\$112.50/- \$\$150/- \$\$187.50/- \$\$225/-								

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8	Addi	Additional Information								
	1.	1. Have you or your named drivers been involved in any motor accident for the past 3 years?								
		No Yes	If yes, please give details:							
		Date	Description of A	ccident	Claim Amount (S\$)					
	2.	Have you or your motor car?	named drivers been convicted of or receive	ed notice of intended prosecution fo	r any offence in connection with					
	No Yes If yes, please give details:									
	3.	3. Do you have NCD to be transferred from another Insurer?								
		No Yes	If yes, please provide below details :							
	Pres	ent/Previous Insur	er:	NCD:	Vehicle No:					
	Polic	y No:		Expiry Date:						
9	Payr	ment Before Co	Over Warranty (For Vehicles Registered Under Perso	onal Name)						
	1.		anything herein contained but subject to clau		declared that the total premium					
		due must be paid	and actually received in full by the Company	on or before the inception date ("the						
	2.	3 .	Renewal Certificate, Cover Note or Endorsen the total premium due is not paid and actua		on or before the inception date					
		referred to above	then the Policy, Renewal Certificate, Cover I	Note and Endorsement shall be deer	med to be cancelled immediately					
			hatsoever shall be payable by the Company. f the Policy, Renewal Certificate, Cover Note		all de of no effect whatsoever on					
10	Prer	nium Pavment	Warranty (For Vehicles Registered Under Company's N	Name)						
	1.		anything herein contained but subject to clar		nd declared that if the period of					
		insurance is 60 d	ays or more, any premium due must be pai							
	through whom the Policy was effected) within 60 days of the:-									
	(a) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or(b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.									
	2.		any premium due is not paid and actually rec ed) within the 60-day period referred to above		intermediary through whom this					
			der the Policy, Renewal Certificate, Cover Not		to be cancelled immediately after					
		the expiry of	the said 60-day period; cancellation of the cover shall be without prej							
			y shall be entitled to a pro-rate time on risk pr							
	3.		surance is less than 60 days, any premium d		ed in full by the Company (or the					
			ugh whom this policy was effected) within the	period of insurance.						
11	Decl	aration								
	1.	~	clare and agree to insure my Motor Vehicle ccept the Company's Policy subject to the pr	1 0 1 1						
		above mentioned	Motor Vehicle is and will be kept in good cond	dition. I / We hereby warrant that all th	ne answers given in this proposal					
	are true and correct, that this proposal and Declaration shall form part of the contract between the Company and myself. Of I / We understand that the Policy issued may be rendered void.									
	 I / We hereby undertake to reimburse the Company on any difference on Premium due to different NCD percentage stated here from the NCD percentage declared by my / our previous insurer and also difference on Premium due to non-declaration of acciden from my / our previous insurance company. I / We understand that if I / we opt for the AutoSafe Scheme, in the event of an accident / windscreen damage, I / we MUST sent m / our motor vehicle to CTPIS authorised workshops for all repairs. 									
	 I / We understand that if my / our vehicle is a parallel imported model, in the event of an accidental windscreen damage or damage to the vehicle / accessories and if the parts are not obtainable from our local workshops, the Insured shall be responsible for all costs 									
	including air freight and storage charges due to the delay in repair to his / her vehicle.									
	Date			Signature of Proposer / Company Stamp						
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12 Personal Data Collection Statement

1. Consent to Privacy Policy

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS") Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy, as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any other entity mentioned in this Application Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our adviser, financial institutions, CPF agent banks, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

2. Say YES to be a China Taiping SG savvy customer! - MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

Voice call

Email

SMS and other phone-based messages

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

(i) I / We have read and understood the provisions in this form;

Mail

(ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at: https://bit.ly/marketingconsent.
 (iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

I have read and agree to the above.

Name:

NRIC No:

Date:

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