

COMMERCIAL 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**

- 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.
- 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.
- 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.
- All amendments and/or corrections are to be initial by the insured.
- 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
- 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 / Pass	port No. / Co	mpany Reg.	No.			Date of Birth (d	d/mm/yyyy)	
						D D /	M M / Y	
Marital Statu	ıs	Gender		Nationa	ılity			
Single	Married	Male	Female	e Sing	aporean	Others, pl	ease specify:	
Address								
							Postal	Code:
Contact Deta	ails							
Home No.:		Office	No.:		Mobile	No. (Mandatory):	Email Add	dress (Mandatory):
Date of obta	ining Singap	ore Driving L	icense	Occupa	ition / Bu	siness		
Details of	Vehicle							
Registration	No	Ma	ake & Mod	el		Year of Make		Registration Date
Engine No		Ch	nassis No			C.C. / Tonnage		Seating Capacity
Electric Vehi	icle		Yes	No				
Body Type (Tick one)			Van	Picku	•	Lorry	Bus	Refrigerator Vehicle
			Box Van Tipper Others, please specify:					
			Vehicle with equipment / fixture. Please specify:					
Type of Vehicle			Sum Insured:					
Him Dunch	0		Parallel In	nport Models	S"			
Hire Purchas	se Company							

\*Refer to Declaration section on Page 3 for more information

www.sg.cntaiping.com

Period of Cover  Comprehensive Type of Cover  Comprehensive To Comprehensive and Third Party Fire & Theft For Comprehensive and Third Party Fire & Theft, coverage is based on market value at the time of loss. AutoSafe Scheme Applicable to Comprehensive Coverage only. Refer to Declaration section on Page 3 for more information.  Vehicle Usage  (a) Carriage of goods (other than samples) in connection with own business but not for hire or reward? (b) Carriage of goods for hire or reward?  Yes No	Coverage Required					
For Compensative and Thet Party Fire 8 Theft, coverage is based on market value at the time of loss. AutoSafe Scheme AutoSafe		From	to	(To coincide with	Road Tax expiry d	late if possi
AutoSafe Scheme Applicable to Comprehenaive Coverage only, Refer to Declaration section on Page 3 for more information.  Vehicle Usage  Commercial Vehicle  (a) Carriage of goods (other than samples) in connection with own business Yes No but not for hire or reward? (b) Carriage of goods for hire or reward? (c) Carriage of passengers for hire or reward? Yes No (c) Carriage of passengers for hire or reward?  Excess applicable for Commercial Vehicles policy: 1. An additional excess of \$\$3,000 shall apply to Own Damage Claim for any Authorised Drivers below 22 years old* or less 1 year driving experience*. 2. A fatt excess of \$\$2,000 shall apply to Own Damage Claim for any authorised Drivers below 22 years old* or less 1 year driving experience*.  **Na statistic of accident  Windscreen Replacement (Automatic Paintatement) 1. Replace at any of our Authorised Workshops \$\$2,000 2. Non-Authorised Workshops \$\$2,000 3. Option to increase coverage at Non-Authorised Workshops up to \$\$4,000/- AP: \$\$50/- up to \$\$4,000/- AP: \$\$50/- Excess \$\$100/- every claim (unless otherwise stated in policy schedule).  Additional Information  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 Accident  Claim Amount (\$\$)  4. Have you or your named drivers been convicted of or received notice of intended prosecution for any offence in connection motor car?  No Yes If yes, please give details:  Date  Description of Accident  3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:			•		Third Party Only	
(a) Carriage of goods (other than samples) in connection with own business Yes Not but not for hire or reward? (b) Carriage of goods for hire or reward? (c) Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Carriage of passengers for hire or reward? Yes Not Passengers Not Passengers Not Passengers Not Passengers Not	Type of Cover	AutoSafe Scheme			Yes	No
but not for hire or reward? (b) Carriage of goods for hire or reward? (c) Carriage of passengers for hire or reward? Yes Not Corriage of passengers for hire or reward? Yes Not Corriage of passengers for hire or reward?  1. An additional excess of \$\$3,000 shall apply to Own Damage Claim for any Authorised Drivers below 22 years old* or less 1 year driving experience*. 2. A flat excess of \$\$2,000 shall apply to Own Damage Claim for any authorised driver who is 66 years old* and above.  **As at date of accident  **Windscreen Replacement** (Automatic Reinstatement)  1. Replace at any of our Authorised Workshops	√ehicle Usage					
(c) Carriage of passengers for hire or reward?  Yes No.  Excess applicable for Commercial Vehicles policy:  1. An additional excess of \$33,000 shall apply to Own Damage Claim for any Authorised Drivers below 22 years old* or less 1 year driving experience*.  2. A flat excess of \$32,000 shall apply to Own Damage Claim for any authorised driver who is 66 years old* and above.  **As at date of accident  **Windscreen Replacement* (Automatic Reinstatement)  1. Replace at any of our Authorised Workshops \$\$2,000  2. Non-Authorised Workshops \$\$2,000  3. Option to increase coverage at Non-Authorised Workshops \$\$2,000  2. Non-Authorised Workshops \$\$2,000  3. Option to increase coverage at Non-Authorised Workshops up to \$\$3,000/- AP: \$\$50/- up to \$\$4,000/- AP: \$\$100/-  Excess \$\$100/- every claim (unless otherwise stated in policy schedule).  Additional Information  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 Accident Claim Amount (\$\$\$)  4. Have you or your named drivers been convicted of or received notice of intended prosecution for any offence in connection motor car?  No Yes If yes, please give details:  Date Description of Accident Claim Amount (\$\$\$)  3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:	Commercial Vehicle	( )	. ,	n with own business	Yes	No
Excess applicable for Commercial Vehicles policy:  1. An additional excess of \$\$3,000 shall apply to Own Damage Claim for any Authorised Drivers below 22 years old* or less 1 year driving experience*.  2. A flat excess of \$\$2,000 shall apply to Own Damage Claim for any authorised driver who is 66 years old* and above.  **As at dathe of accident**  **Windscreen Replacement** (**witomatic Reinstatement**)  1. Replace at any of our Authorised Workshops						No
1. An additional excess of \$\$3,000 shall apply to Own Damage Claim for any Authorised Drivers below 22 years old* or less 1 year driving experience*.  2. A flat excess of \$\$2,000 shall apply to Own Damage Claim for any authorised driver who is 66 years old* and above.  *As at date of accident  **Windscreen Replacement (Automatic Reinstatement)**  1. Replace at any of our Authorised Workshops		(c) Carriage of passe	engers for hire or reward?		Yes	No
A flat excess of \$\$2,000 shall apply to Own Damage Claim for any authorised driver who is 66 years old* and above.  A state of accident  **Nindscreen Replacement (Automatic Reinstatement)**  1. Replace at any of our Authorised Workshops	<ol> <li>An additional excess of</li> </ol>	S\$3,000 shall apply to Ow	vn Damage Claim for any Authori	sed Drivers below 22	years old* o	r less th
Windscreen Replacement (Automatic Reinstatement)  1. Replace at any of our Authorised Workshops	, , ,		e Claim for any authorised driver	who is 66 years old* a	ind above.	
1. Replace at any of our Authorised Workshops	*As at date of accident					
2. Non-Authorised Workshops	Windscreen Replaceme	nt (Automatic Reinstatement)				
2. Non-Authorised Workshops	Replace at any of our A	uthorised Workshops		. S\$2,000		
up to \$\$3,000/- up to \$\$4,000/- AP: \$\$100/-  Excess \$\$100/- every claim (unless otherwise stated in policy schedule).  Additional Information  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 Accident Claim Amount (\$\$)  2. Have you or your named drivers been convicted of or received notice of intended prosecution for any offence in connection motor car?  No Yes If yes, please give details:  3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:	2. Non-Authorised Worksh	ops		. S\$2,000		
up to \$\$4,000/- Excess \$\$100/- every claim (unless otherwise stated in policy schedule).  Additional Information  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 Accident Claim Amount (\$\$)  2. Have you or your named drivers been convicted of or received notice of intended prosecution for any offence in connection motor car?  No Yes If yes, please give details:  3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:	Option to increase cover	rage at Non-Authorised Wor	rkshops			
Additional Information  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 Accident Claim Amount (S\$)  2. Have you or your named drivers been convicted of or received notice of intended prosecution for any offence in connection motor car?  No Yes If yes, please give details:  Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:						
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No Yes If yes, please give details:  Date  Description of Accident  Claim Amount (S\$)  2. Have you or your named drivers been convicted of or received notice of intended prosecution for any offence in connection motor car?  No Yes If yes, please give details:  3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:	Additional Information					
Date  Description of Accident  Claim Amount (S\$)  Later you or your named drivers been convicted of or received notice of intended prosecution for any offence in connection motor car?  No Yes If yes, please give details:  Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:			ny motor accident for the past 3 ye	ears?		
2. Have you or your named drivers been convicted of or received notice of intended prosecution for any offence in connection motor car?  No Yes If yes, please give details:  3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:		·	cription of Accident	C	laim Amount (	(S\$)
motor car?  No Yes If yes, please give details:  3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:						(- , )
motor car?  No Yes If yes, please give details:						
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notor car?  No Yes If yes, please give details:  Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details:						
3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details :		d drivers been convicted of	f or received notice of intended p	rosecution for any off	ence in conne	ection v
<ol> <li>Do you have NCD to be transferred from another Insurer?</li> <li>No Yes If yes, please provide below details:</li> </ol>	No Yes If yes,	please give details:				
3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details :						
3. Do you have NCD to be transferred from another Insurer?  No Yes If yes, please provide below details :						
No Yes If yes, please provide below details :						
	*					
Present/Previous Insurer: NCD: Vehicle No:		please provide below detail	IS:			
	No Yes If yes,					
	·			Vehicle	No:	

# Payment Before Cover Warranty (For Vehicles Registered Under Personal Name)

- Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company on or before the inception date ("the inception date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
- In the event that the total premium due is not paid and actually received in full by the Company on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall be deemed to be cancelled immediately and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.

## Premium Payment Warranty (For Vehicles Registered Under Company's Name)

- Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary 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.
- In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:-
  - (a) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement shall be deemed to be cancelled immediately after the expiry of the said 60-day period;
  - (b) the deemed cancellation of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
  - (c) the Company shall be entitled to a pro-rate time on risk premium subject to a minimum of S\$50.00
- If the period of Insurance is less than 60 days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within the period of insurance.

### Declaration

- I / We hereby declare and agree to insure my Motor Vehicle with China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS"). and I / We agree to accept the Company's Policy subject to the provisions and conditions of the Policy. I / We hereby declare that the above mentioned Motor Vehicle is and will be kept in good condition. I / We hereby warrant that all the 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. Otherwise, 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 herein from the NCD percentage declared by my / our previous insurer and also difference on Premium due to non-declaration of accidents 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 my / 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

**₱**6222 1033

### 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. Sa	ay YES to be	a China Taiping	SG savvy customer! –	MARKETING CONSENT		
			nd information about CTF from CTPIS and its servio	1 1	ions, financial tips and news, and I / we	consent
() E	mail	○ Mail	SMS and other ph	one-based messages	O Voice call	
this f	form or other fort, where my /	orms submitted to our telephone nu	o CTPIS and I / we conserumber is a Singapore tele	nt for CTPIS and its service p	of the telephone number provided by moroviders to contact me / us. For the avoid that the foregoing consent applies ever ional Do Not Call Registry.	dance of
I / W (i) (ii) (iii)	the consent thave provide	read and understo that I / we have p ed previously unle	ess my / our consent is wi	addition to, and does not su	persede, vary or nullify the consent whi wal form at: https://bit.ly/marketingconse Il form at any time.	

Thave read and agree to the above.							
Name:							
NRIC No:							
Data							