



Motor Insurance

IMPORTANT NOTES

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued may be void.
- Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. Any question not answered on this form will be taken as an answer in the negative.

Agent/ Account No.	Policy No.	Quotation No.
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1) PROPOSER

PERSONAL PARTICULARS

Full name of Proposer (As shown in NRIC/ Passport, please underline surname): ☐ Mr ☐ Ms ☐ Mrs ☐ Mdm ☐ Dr

NRIC/ Passport No./ FIN : Date of birth (dd/mm/yyyy): Race:

Address: Postal code:

Tel: (H) (Off):

(Hp/ Pager): E-mail:

Sex : ☐ Male ☐ Female Marital status : ☐ Single ☐ Married Nationality : ☐ Singaporean ☐ Others

Occupation: Company's name : Fax:

PREVIOUS INSURER

Previous Insurer:	No Claim Discount entitlement: If NCB is 0%, please indicate reason: <input type="checkbox"/> First time owning a car <input type="checkbox"/> Claim made in last one year <input type="checkbox"/> Others
Policy No.:	
Vehicle No.:	
Sum Insured :	
Policy expiry / Cancellation date:	

OTHER INFORMATION

Off Peak Car: ☐ Yes ☐ No Usage of motor vehicle: ☐ Pleasure ☐ Business use ☐ Weekend use ☐ Others Parallel Imported Vehicle: ☐ Yes ☐ No

Driving Experience: () years

Safe driver's incentive: ☐ Yes ☐ No If Yes, please submit a copy of your Certificate of Merit with this Proposal. (Applicable for 30% to 50% NCD Only)

2) VEHICLE DETAILS

Vehicle Type : ☐ Private car ☐ Commercial Vehicle ☐ Motor Cycle ☐ Others

Make & Model (include GTI, GL, etc): Registration No.:

Engine No.: Chassis No.:

Year of registration: Year of manufacture: Engine capacity: Seating capacity (excluding driver):

Body Type: ☐ Saloon or Sedan ☐ Coupe ☐ Convertible ☐ Multi-purpose Vehicle (MPV) ☐ Others ☐ Van ☐ Lorry ☐ Hatchback ☐ Sports Utility Vehicle (SUV) Transmission: ☐ Automatic ☐ Manual

Is the vehicle under financing/lease? ☐ Yes ☐ No If Yes, please specify

Is the vehicle fitted with theft alarm? ☐ Yes ☐ No If Yes, please specify

Has the vehicle been modified (other than factory fitted)? ☐ Yes ☐ No If Yes, please specify with value

3) COVER DETAILS

Coverage:	A. SmartDrive Commercial policies only <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party, Fire and Theft <input type="checkbox"/> Third Party only All SmartDrive Commercial policies are subject to use AXA Premium Workshops (APW) for accident repairs and a 10% discount is granted. To opt out of APW Scheme, you will forgo this discount. Please tick in the box if you wish to opt out <input type="checkbox"/>
	B. All other Motor policies <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party fire and theft <input type="checkbox"/> Third party only Sum Insured:

Period of Insurance (dd/mm/yyyy): From To

Do you wish to insure COE and PARF value? (Applicable to Comprehensive and Third Party, Fire & Theft cover only)

4) NAMED DRIVER PARTICULARS

	Named driver (1)	Named driver (2)	Named driver (3)
Name (as in NRIC, please underline surname)	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr
Relationship to Proposer			
Date of birth (dd/mm/yyyy)			
NRIC/ Passport no. / FIN			
Nationality			
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race			
Driving Experience (years)			
Occupation			
Claim made, if any			

5) OTHER INFORMATION RELATING TO DRIVER(S)

1. Have you had any motor insurance related claim over the last 3 years?

☐ Yes ☐ No

If Yes, please specify:

Date of accident (dd/mm/yyyy)	Name of insurance company	Amount of claim	Details of claim (Own Damage/ Third Party/ Theft)

2. Have you or your named driver(s) been convicted of any driving offence in the past 3 years?

☐ Yes ☐ No

If Yes, please specify:

3. Have you or your named driver(s) had your motor insurance terminated by any insurance company?

☐ Yes ☐ No

If Yes, please specify:

4. Have you or your named driver(s) been given demerit points for traffic offences?

☐ Yes ☐ No

If Yes, please state driver:
No. of demerit points accumulated in the past 24 months:

5. Have you or your named driver(s) suffered any disease or infirmity that could impair the ability to drive?

☐ Yes ☐ No

If Yes, please specify:

6) DECLARATION

In accordance to Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.

1. I hereby declare and agree to insure my motor vehicle with AXA Insurance Singapore Pte Ltd and I agree to accept the Company's Policy subject to the terms, conditions and exceptions of the Policy. I hereby declare that the abovementioned Motor Vehicle is and will be kept in good condition.

2. I hereby warrant that all answers given in this proposal are true and correct and that this Proposal and Declaration shall form part of the contract between the Company and myself.

3. I hereby agree to give my consent for the Company to verify any given information with the relevant authority.

4. I acknowledge that should there be a change in any information provided, the premium quoted may be revised. I further acknowledge that the No Claim Discount is subject to confirmation by my current insurer and any difference in the No Claim Discount may affect the basic premium quoted.

Signature of Proposer & Date

Notes:

Our liability does not commence until we have accepted this Proposal and the premium paid by the Proposer.

Your Policy carries a Premium Warranty Clause which requires the premium to be paid in full within 60 days failing which there would be no liability under the Policy.

FOR OFFICIAL USE ONLY

Total Premium (Including GST) :	Date (dd/mm/yyyy) :	Staff Name & Signature :
S\$		