



COMMERCIAL VEHICLE - MOTOR INSURANCE PROPOSAL FORM

Policy No.		Agent/Broker:	Agent/Broker Code:
Quotation No.			
Cover Note No.			

Under Section 23(5) of the Insurance Act, 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.

1 Details of Proposer

Name				
NRIC / Passport No. / Company Reg.No.			Date of Birth (dd/mm/yyyy)	
			<div><div><div>D</div><div>D</div></div><div>/</div><div><div>M</div><div>M</div></div><div>/</div><div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div></div>	
Marital Status		Gender	Nationality	
<input type="radio"/> Single <input type="radio"/> Married		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Singaporean <input type="radio"/> Others, please specify:	
Address				
Postal Code:				
Contact Details				
Home No.:	Office No.:	Mobile No. (Mandatory):	Email Address (Mandatory):	
Date of obtaining Singapore Driving License		Occupation / Business		

2 Details of Vehicle

Registration No	Make & Model	Year of Make	Registration Date
Engine No	Chassis No	C.C. / Tonnage	Seating Capacity
Electric Vehicle	<input type="radio"/> Yes <input type="radio"/> No		
Body Type (Tick one)	<input type="radio"/> Van <input type="radio"/> Pickup <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> Refrigerator Vehicle		
	<input type="radio"/> Box Van <input type="radio"/> Tipper <input type="radio"/> Others, please specify:		
Type of Vehicle	<input type="radio"/> Vehicle with equipment / fixture. Please specify: Sum Insured:		
	<input type="radio"/> Modified Vehicle (Decline)		
Hire Purchase Company			

*Refer to Declaration section on Page 3 for more information

3 Coverage Required

Period of Cover	From _____ to _____ (To coincide with Road Tax expiry date if possible)
Type of Cover	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> Third Party Only For Comprehensive and Third Party Fire & Theft, coverage is based on market value at the time of loss. AutoSafe Scheme (Authorised Workshops only) <input type="radio"/> Yes <input type="radio"/> No Applicable to Comprehensive Coverage only. Refer to Declaration section on Page 3 for more information.

4 Vehicle Usage

Commercial Vehicle Carriage of hazardous materials, high explosives, inflammable liquid, or gases.	(a) Carriage of goods (other than samples) in connection with own business but not for hire or reward? <input type="radio"/> Yes <input type="radio"/> No (b) Carriage of goods for hire or reward? <input type="radio"/> Yes <input type="radio"/> No (c) Carriage of passengers for hire or reward? <input type="radio"/> Yes <input type="radio"/> No (d) Carriage of hazardous materials, high explosives, inflammable liquid, or gases? <input type="radio"/> Yes <input type="radio"/> No
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Excess applicable for Commercial Vehicles policy:

1. An additional excess of S\$3,000 shall apply to Own Damage Claim for any Authorised Drivers below 22 years old* or less than 1 year driving experience*.
2. A flat excess of S\$2,000 shall apply to Own Damage Claim for any authorised driver who is 66 years old* and above.

*As at date of accident

5 Windscreen Replacement (Automatic Reinstatement)

1. Replace at any of our Authorised Workshops S\$2,000
2. Non-Authorised Workshops S\$2,000
3. Option to increase coverage at Non-Authorised Workshops
up to S\$3,000/- ☐ AP: S\$50/-
up to S\$4,000/- ☐ AP: S\$100/-

Excess S\$100/- every claim (unless otherwise stated in policy schedule).

6 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 with motor car?

☐ No ☐ Yes If yes, please give details:

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3. Do you have NCD to be transferred from another Insurer?

☐ No ☐ Yes If yes, please provide below details :

Present/Previous Insurer: NCD: Vehicle No:

Policy No: Expiry Date:

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

1. 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.
2. 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.

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

1. 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 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. In the event that any premium due is not paid and actually received in full by the Company 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
3. If the period of Insurance is less than 60 days, any premium due must be paid and actually received in full by the Company within the period of insurance.

9 Declaration

1. 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.
2. 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.
3. 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.
4. 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

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:

☐ Email ☐ Mail ☐ SMS and other phone-based messages ☐ Voice call

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;
- (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: