



# Commercial AutoPlus

## PROPOSAL FORM

### THIS INSURANCE WILL NOT BE VALID IF YOU DO NOT:

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- **Complete** all the fields in the Proposal Form
- **Declare** truthfully
- **Sign** on the Proposal Form

### OTHER IMPORTANT NOTES:

- Statement pursuant to the Insurance Act or any amendments thereof: You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued may be void.
- **A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,270.00 (inclusive of 9% GST), in addition to the Policy Excess, applies to You or any Authorised Driver (named and unnamed) who is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies.**
- If the vehicle you are purchasing is registered under company's name, please endorse with the company's stamp on the Proposal Form.
- Kindly attach payment with Proposal Form.
- 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 AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites ([www.aig.sg](http://www.aig.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

Limitations as to use: This policy does not cover if your Vehicle is used for hire or reward; for racing, pace making, reliability trial or speed testing; or when drawing a trailer, except if towing a single disabled vehicle.	Producer Name _____ Contact No. _____
	Producer Code/SubCode _____ Policy Reference No. _____

### ABOUT THE PROPOSER (REGISTERED OWNER OF VEHICLE ONLY)

Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. (Please enter Full Name as per your NRIC/ROC/Passport and underline Surname.) _____		NRIC/Passport/ROC No.* _____	
Address (Block/House No.) _____ (Level-Unit No.) _____ (Street Name) _____ (Building Name) _____ (Singapore) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		IF INSURED IS NOT A COMMERCIAL ENTITY, COMPLETE THE FOLLOWING.	
		Date of Birth	D   D   M   M   Y   Y   Y   Y
		Nationality	<input type="checkbox"/> Singaporean <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others (Please specify no. of years in Singapore) _____
Contact Details (Mobile) _____ (Office) _____ (Residential) _____ (Fax) _____ (Email) _____		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (please specify) _____
		Driving Experience	(Yrs) _____ (Mths) _____
Type of Business/Trade _____		Job Nature	<input type="checkbox"/> Mostly Indoor <input type="checkbox"/> Mostly Outdoor
Nature of Business _____		Physical Impairment (if any) _____	

\* Delete where applicable.

### DECLARATIONS

Please tick (✓) below where applicable. Otherwise, declarations will be taken as 'NIL'.

At fault claims\* experience in last 3 years (please provide details below)  
 \*At fault claims refer to claims which result in the reduction of the No Claim Discount (NCD)

Date of accident (dd/mm/yy)	Description of accident	Amount of claim (\$)	Type of claim (Own Damage/Third Party/Theft/Bodily Injury)

No Claim Discount (NCD)(%) \_\_\_\_\_ (If NCD is nil or 10% with no claims experience, please provide the reason below)

First time owner  2nd or 3rd vehicle  Have been driving company's/relatives' vehicles  Others (please specify) \_\_\_\_\_

Is NCD to be transferred from existing/previous insurer?  Yes (please provide details below and arrange to effect a cancellation of your cover with your existing insurer in order for the declared NCD to be applied from the inception of this risk proposed.)

Previous Insurer \_\_\_\_\_ Registration No \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiry/Cancellation Date \_\_\_\_\_

### REVOKED AND SUSPENDED LICENCE (in the past 10 years)

Record of revoked/endorsed driving licence Date revoked \_\_\_\_\_ Reason \_\_\_\_\_

Duration of revoked licence \_\_\_\_\_ Alcohol limit \_\_\_\_\_ mg/breath or \_\_\_\_\_ mg/blood

Any accident when the licence was revoked?  Yes  No NCD before the licence was revoked \_\_\_\_\_

Driving experience before the licence was revoked \_\_\_\_\_

### ABOUT THE VEHICLE

Period of Insurance From	D   D   M   M   Y   Y	to midnight of	D   D   M   M   Y   Y	Type of Coverage	Comprehensive
Make & Model _____	Engine Capacity/Tonnage _____			Body Type _____	
Engine No. _____				Registration No. _____	
Chassis No. _____				Year of Registration _____	
Hire Purchase Co. _____	Seating Capacity _____				
Vehicle Usage	Would vehicle be used to carry: <input type="checkbox"/> Own Goods <input type="checkbox"/> Own Passenger(s) <input type="checkbox"/> Passenger(s) on the cargo deck who are not employee(s) of the insured <input type="checkbox"/> For Hire or Reward to carry goods and/or passengers <input type="checkbox"/> Third Party Goods (please specify) _____ Are goods carried flammable, corrosive or explosive in nature? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____				







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