

Commercial AutoPlan

PROPOSAL FORM

THIS INSURANCE WILL NOT BE VALID IF YOU DO NOT:

- **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 or www.gia.org.sg or www.sdic.org.sg).

COMMERCIAL AUTOPLAN

PROPOSAL FORM (For commercial vehicles only)

www.aig.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.) _____	IF INSURED IS NOT A COMMERCIAL ENTITY, COMPLETE THE FOLLOWING.	
	(Street Name) _____	Date of Birth	D D M M Y Y Y Y
	(Building Name) _____	Nationality	<input type="checkbox"/> Singaporean <input type="checkbox"/> Permanent Resident
	(Singapore) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Others (Please specify no. of years in Singapore) _____	
Contact Details	(Mobile) _____ (Office) _____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
	(Residential) _____ (Fax) _____	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (please specify) _____
	(Email) _____	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 (v) 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	<input type="checkbox"/> Comprehensive <input type="checkbox"/> TPFT <input type="checkbox"/> TPO
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) _____					



OTHER POLICY BENEFIT OPTIONS (ADDITIONAL PREMIUM APPLIES)

The following additional benefits applicable to Comprehensive Cover can be purchased by paying additional premium.

Additional benefits	Premium (\$\$)
<input type="checkbox"/> Additional equipment or fixtures on the vehicle (Premium is calculated at 2.5% of the Sum insured) (Please provide receipt) Sum Insured (round up to the nearest '000) _____ Make of Model (if applicable) _____	
<input type="checkbox"/> Tailgate	
<input type="checkbox"/> Freezer	
<input type="checkbox"/> Hood	
<input type="checkbox"/> Others [†] (please specify) _____	
TOTAL ADDITIONAL PREMIUM (before GST)	

[†] Refer to AIG underwriter for premium calculation.

PAYMENT MODE [Please tick (✓) and circle accordingly]

☐ Cheque Please make cheque payable to: AIG Asia Pacific Insurance Pte. Ltd.

Bank

Cheque No.

☐ Credit Card (MasterCard) ☐ Credit Card (Visa)

I/We hereby authorise AIG Asia Pacific Insurance Pte. Ltd. (AIG) to charge the stated annual premium to the following credit card. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.

☐ Full Annual Payment

☐ 12 Monthly 0% Interest Installments with DBS / POSB / UOB credit card[†]

☐ 6 Monthly 0% Interest Installments with DBS / POSB / UOB credit card[†]

Name as on card _____

Card No. _____

Card Expiry Date

M	M	Y	Y
---	---	---	---

[†] Not applicable for DBS Black Cards

Subject to the relevant bank's terms and conditions. Please note that administrative fees may be imposed by the relevant bank in accordance with its respective terms and conditions in the event of premature cancellation or termination of the IPP and/or credit card account.

Amount: \$\$

IMPORTANT NOTICE TO PROPOSER

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 this proposal is accepted or when the cover commences, it is a fundamental and absolute Special Condition of this contract of insurance that for individually-owned policies, the premium due must be paid to the insurer/broker/agent before the inception of the cover.

No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte. Ltd. This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.

All modifications made to the vehicle must also be declared to the company and is subject to the company's acceptance. If accepted, additional terms and conditions may apply. If you fail to disclose such modifications to the company, your policy may be void and you may not receive any benefits under the policy.

ACKNOWLEDGEMENT AND DECLARATION

I/We declare

- That I/We am/are the registered owner of the above mentioned Motor Vehicle and it will be kept in good condition.
- That the above particulars to be true and correct and I/We agree that My/Our warranties, declarations and disclosures herein shall form the basis of the contract between AIG Asia Pacific Insurance Pte. Ltd. (AIG) and Myself/Ourselves.
- That I/We understand that I/We must inform AIG immediately if any of the information that I/We have given AIG changes or is no longer accurate.
It is My/Our duty to disclose fully and faithfully, all the facts which I/We know or ought to know in respect of this proposed insurance and to ensure that all information provided to AIG is accurate and updated. Information that I/We should disclose to AIG would relate to my/our vehicle, myself/ourselves or my/our authorised driver(s). Examples of such information include a change in occupation or nature of business, revocation/suspension of driver license/ traffic related convictions, change in claim experiences, physical impairment or illness affecting driving ability, change in the usage of the vehicle, or modification(s) done to the vehicle. These information could result in additional premium being payable by me/us and different terms and conditions may apply. If such information is not disclosed to AIG, my/our policy may be void and I/we may not receive any benefits under the policy.
- That I/We understand that AIG will verify the No Claim Discount (NCD) with My/Our existing/ex-insurer on the declared NCD entitlement. Unless otherwise required to do so by AIG, I/We hereby undertake to pay any difference in the premium amount owing which may arise in the event of a discrepancy between the NCD provided by My/Our existing/ex-insurer and the declared figure by Me/Us; failing which the Policy shall cease to be in force either upon the expiry of any notice which AIG may give for the purpose of cancelling the Policy or if no such notice is given, upon the expiry of such reduced period of coverage as the Proposer is ratably entitled to having regard to the portion that the premium paid bears to the premium properly payable.
- That I/We am/are ordinarily resident(s) in Singapore as defined by the Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010.
- That I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and/or any information material relating to this insurance product.

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG; I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:

- Processing, underwriting, administering and managing my/his/her relationship with AIG;
- Audit, compliance, investigation and inspection purposes and handling regulatory/governmental enquiries;
- Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
- Managing AIG's infrastructure and business operations; and
- Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at www.aig.sg/privacy before you provide your consent, and/or the above representation and warranty.

I also consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, to AIG, AIG's group companies, service providers and business partners using, processing and disclosing my/his/her personal information to:

- enrol me/him/her in contests, prize draws and similar promotions; and
- contact me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

If you, or the individual on whose behalf you are submitting information for, wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please call us at +65 6419 3000 to do so or opt out via our online form on our website at www.aig.sg/contact-online.

Signature _____ Company Stamp (if applicable) _____

Name of Proposer _____ Date _____

PREMIUM DETAILS (FOR OFFICIAL USE)

Basic Premium:	\$S		GST:	\$S	
Less: _____ % No Claim Discount (NCD)	\$S		Total Premium Payable:	\$S	
Add: Fixtures and Accessories	\$S		Excess:	\$S	
Add: Others	\$S				

FOR OFFICIAL USE

AIG - Underwriter	AIG - CSG
Signature & Date	Signature & Date

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.

AIG Building
78, Shenton Way #09-16
Singapore 079120
www.aig.sg
Co. Reg. No. 201009404M