

Private Motor Application Form

The Insurance Act: In this application form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect to the risk that is being proposed, otherwise, the policy issued hereunder may be void.

Please tick where appropriate.

(A) Particulars of Applicant

Name Mr/Mrs/Ms/Mdm/Dr* _____ (*delete if not applicable)
 (please underline surname)

Residential address _____ Postal code _____

NRIC/Passport No _____ Date of Birth _____

Nationality Singaporean Permanent Resident Others (please specify) _____

Marital Status Single Married Others Gender Male Female

Occupation _____ Race Chinese Malay Indian Others _____

Tel _____ (O) _____ (H) _____ (Hp) _____

Email _____

Physical Impairment? No Yes (please specify) _____

(B) Details of Driver(s)

Driver's Name	Gender	Date of Birth	NRIC/Passport No	Marital Status	Occupation	Relationship to Applicant	Years of driving experience
Main Driver							

Note: Additional excess of \$2,000 for each and every own damage claim is payable if vehicle is driven by young drivers aged 26 and below, and/or drivers with less than 2 years' driving experience.

(C) Type and Details of Vehicle

Registration No _____ Engine No _____

Year of Registration _____ Chassis No _____

Make/Model _____ Engine Capacity (cc) _____

Year of Manufacture _____ Seating Capacity (including driver) _____

Usage of Vehicle Social, Domestic & Pleasure Business

Estimated Annual Mileage (km) 0 - 5,000 5,001 - 15,000 15,001 - 20,000 20,000 - 25,000 > 25,000

Type Saloon Stationwagon/MPV SUV/HRV Cabriolet/Convertible Sports/Coupe Turbo
 Others (please specify) _____

Name & Address of Finance Company/Bank (if applicable) _____

(D) Details of Cover Required

Period of Insurance From _____ To _____

Cover Type Comprehensive Third Party Fire & Theft Third Party

Insuring COE/PARF Yes No

NCD Entitlement 0% 10% 20% 30% 40% 50%

Previous Insurer/Policy No _____

NCD Protector – Optional (Applicable to 50% NCD holders at additional premium) Yes No

(E) Other InformationParallel Import Yes No Off-peak car Yes NoEnhancement to Engine No Yes (please specify) _____Will the vehicle be driven in West Malaysia? No Yes About _____ times a year

Details of accessories (other than factory-fitted) you have installed in the vehicle.

i) Description _____

ii) Value _____

Have you or any other drivers had any motor accidents in the last 3 years? If so, please supply details below, or on a separate sheet if the space below is insufficient.

Date of Accident	Name of Driver	Details of Accident	Claim Amount	
			Own Damage	Third Party Claim

Have you, or has any person whom to your knowledge will drive, been convicted of any offence in connection with any motor vehicle or had their driving licence endorsed or suspended? Is any Police prosecution pending (other than parking offences)? If Yes, please specify

Has any insurance company imposed special conditions on you, cancelled or refused renewal of insurance or declined to insure you? If yes, please specify _____

If Applicant is a business entity

Business Activity: _____	Business Registration No: _____
Will the vehicle(s) be used:	
(a) solely in connection with the business or employment of the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) in connection with motor trade?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) for the carriage of goods of explosive, inflammable or volatile nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) for hire	<input type="checkbox"/> Yes <input type="checkbox"/> No

(F) Premium Payment

I enclose my cheque no. _____ for S\$_____ payable to MSIG Insurance (Singapore) Pte. Ltd.

(G) Declaration

I/We want to effect the insurance specified here and declare that I/we:

- (i) warrant that the information given and answers to questions on this Application are true and correct to the best of my/our knowledge and I/we have not withheld any facts likely to influence MSIG Insurance (Singapore) Pte. Ltd.'s assessment of this Application.
- (ii) agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the Policy and as modified or extended and agree that this Application, Declaration and any other information provided shall form the basis of the contract.
- (iii) understand this Application will be subject to the approval and acceptance by MSIG Insurance (Singapore) Pte. Ltd. and the premium fully paid and received by the Company before cover can be effected.

Signature of Applicant_____
Date_____
Agent/Broker Stamp