

Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)

11 Collyer Quay #09-00 The Arcade Singapore 049317 Tel: 6221 2211 Fax: 6221 3302
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



Motor Proposal Form (Commercial Vehicle/Motor Cycle)

Important Notice	<p>1) <i>Statement Pursuant to Section 25(5) of the Insurance Act – We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.</i></p> <p>2) <i>Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.</i></p> <p>3) <i>Coverage is void if the vehicle does not have a valid Certificate of Entitlement.</i></p> <p>4) <i>You are advised to keep a copy of this proposal form for your future reference.</i></p> <p>5) <i>The liability of the Company does not commence until this Application is accepted.</i></p> <p>6) <i>A specimen copy of the policy form is available on request.</i></p>
-------------------------	--

Agency: _____ Policy No: **DA**

Vehicle Usage	<p>Commercial</p> <p><input type="checkbox"/> Own Commercial Use (Not for Hire/Reward)</p> <p><input type="checkbox"/> Hire Commercial Use (For Hire/Reward)</p> <p><input type="checkbox"/> Rental to Third Party</p> <p><input type="checkbox"/> Others _____</p>	<p>Motor Cycle</p> <p><input type="checkbox"/> Policy Holder Only</p> <p><input type="checkbox"/> Any Rider</p> <p><input type="checkbox"/> Own Commercial Use</p> <p><input type="checkbox"/> Others _____</p>
----------------------	--	--

Coverage	<p>(Please select plan)</p> <p style="text-align: center;">Value Required (Inclusive of features & accessories)</p> <p><input type="checkbox"/> Comprehensive S\$ _____</p> <p><input type="checkbox"/> 3rd Party Fire & Theft S\$ _____ (Not applicable for Motor Cycle)</p> <p><input type="checkbox"/> 3rd Party N.A.</p>	<p>(Market Value at Time of Loss)</p> <p>Period of Insurance: From: _____ To: _____ (both dates inclusive)</p> <p style="text-align: center;">DD / MM / YY</p>
-----------------	--	---

ExcelDrive Features	<p>ExcelDrive Classic</p> <p>Features include:</p> <ol style="list-style-type: none"> Compulsory that repair is carried out at ExcelDrive Workshop (EDWS) Windscreen Coverage (Limit: S\$1,000) - Optional Windscreen cover can be insured at an additional charge of S\$40 for every S\$1,000 and S\$10 for each additional S\$250 sum insured. There will be no reinstatement of the windscreen cover after the 1st claim. Subsequent windscreen claim will be treated under the Own Damage section and subject to policy excess. Claims Reporting There is a 24 hours requirement for reporting to a Centre authorized by Tenet and a 14 days requirement for submitting an own damage claim.
----------------------------	---

The Proposer	<p><input type="checkbox"/> Co Owner : _____</p> <p><input type="checkbox"/> Mr _____</p> <p><input type="checkbox"/> Ms Address : _____ S()</p> <p>Contact Nos : Off) _____ Res) _____ HP) _____</p> <p>Company's Registration Number : _____</p> <p>Occupation/Business Description : _____</p> <p>Number of Vehicles own/operate: Pickup _____ Prime Mover _____ Panel Van _____ Trailer _____ Lorry _____ Others _____</p> <p>Any related account with Tenet? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: _____</p> <p>Any Business in West Malaysia? <input type="checkbox"/> No <input type="checkbox"/> Yes How often do you drive to West Malaysia? <input type="checkbox"/> Weekly or more <input type="checkbox"/> Once a month or less</p> <p>If Owner is an individual</p> <p>NRIC/FIN: _____ Driving Experience (Yrs): _____ (In Singapore)</p> <p>Valid Driving Licence? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Date of Birth: _____ Demerit Points? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Pts</p> <p style="text-align: center;">DD / MM / YY</p>
---------------------	--

Particulars of Motor Vehicle	Registration No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Year of Manufacture: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	Seating Capacity: <input type="text"/> (As stated on Log Card and/or MPC Label)				Year of Registration: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
COE Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> DD MM YY				Road Tax Expiry: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> DD MM YY				
Make & Model of Vehicle/Motor Cycle: _____ Parallel Imported: <input type="checkbox"/> No <input type="checkbox"/> Yes								
Engine No: _____ Chassis No: _____								
Engine Capacity: _____ tonnage HP Owners: _____								
<input type="checkbox"/> Pickup <input type="checkbox"/> Panel Van <input type="checkbox"/> Lorry <input type="checkbox"/> Prime Mover <input type="checkbox"/> Trailer <input type="checkbox"/> Others _____								
Additional features to be covered (Section 1 & 2)								
<input type="checkbox"/> Powergate <input type="checkbox"/> Crane <input type="checkbox"/> Tinted Glass <input type="checkbox"/> Refrigerator Box <input type="checkbox"/> Canopy <input type="checkbox"/> Others _____ Sum Insured _____								
NCD/Fleet Discount	No Claim Discount/ Fleet Discount % <input type="text"/> <input type="text"/> If NCD is "NIL" Please indicate		<input type="checkbox"/> First Time vehicle owner <input type="checkbox"/> Have not owned a vehicle for > 1yr <input type="checkbox"/> Owned a vehicle for < 1 yr		<input type="checkbox"/> Have made claims within the past 2 yrs <input type="checkbox"/> Have been driving company's / relative's vehicle <input type="checkbox"/> Own another vehicle, ownership of this vehicle is new			
	Previous Insurer							
Name of Insurer: _____ Policy No: _____								
Vehicle Registration No. (if different): _____ Expiry/Cancellation Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> DD MM YY								
Optional Extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No Windscreen (For Comprehensive Cover only)			<input type="checkbox"/> Yes <input type="checkbox"/> No Accessories				
	<input type="checkbox"/> S\$750 <input type="checkbox"/> S\$1,500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$1,750 <input type="checkbox"/> S\$1,250 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$ _____			Est. Value S\$: _____ Details: _____ Eg. Radio, CD Player, Speakers etc installed in vehicle				
Details of Named Drivers	(This section is only applicable if the insured name is under individual) The Policyholder is required to bear the additional excess of \$1,000 if the driver is below the age of 22 or possesses a full driving licence for less than 2 years.							
	Name / NRIC/FIN	Date of Birth	Sex	Marital Status	Demerit Points	Driving Experience (yrs)	Relationships	Occupations
	Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S				
	NRIC/FIN	DD MM YY						
Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S					
NRIC/FIN	DD MM YY							
Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S					
NRIC/FIN	DD MM YY							
Declarations	In respect of insurance on any Motor Vehicle owned by you, has any insurance company							
	1) Declined to insured you? <input type="checkbox"/> No <input type="checkbox"/> Yes 2) Cancelled or refused to renew an existing Motor Insurance Policy held by you? <input type="checkbox"/> No <input type="checkbox"/> Yes 3) Have you ever made a claim or was involved in any accident(s) under any Motor Insurance Policy during the last 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes" to above, please specify _____							
/We declared that the particulars of this proposal are true and complete. I/We agree that this proposal shall be the basis of the contract between me/ us and "Tenet Insurance Company Ltd"								
I/We confirm that I/we understand that in the event I/we do not have my/our repairs done at the appointed workshops under the ExcelDrive Classic plan, I/we will not be indemnified for the said repairs.								
Additional excess applicable for young and inexperienced drivers.								
I/We further agree that an additional excess S\$1,000 shall apply over and above other excess(es) for accident, loss or damage for any driver who is below the age of 22 or possesses a full driving licence for less than 2 years.								
[] Insure the vehicle without COE. (tick if optional is selected) I/We fully understand that in the event of a total loss or theft claim, the market value of my/our vehicle at the time of loss less its residue COE shall be payable.								
----- Signature of Proposer/Date								
Payment Instruction	Amount		Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	S\$		<input type="checkbox"/> Cheque No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Visa <input type="checkbox"/> Master Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> MM YY			
Please make cheque payable to "Tenet Insurance Company Ltd"								