

ALLIANZ AUTOSAFE MOTOR VEHICLE INSURANCE PROPOSAL FORM

IMPORTANT NOTICE TO THE PROPOSER(S)

- Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you have to disclose to the Insurer in this Proposal Form, fully and faithfully, all the facts which you know or ought to know. Otherwise the Policy issued thereafter may be void.
- Your policy carries a Payment Before Cover Warranty Clause, which requires the premium to be paid in full on or before the inception date of the cover. This is applicable for individual insured. Failing to comply with the above, there would be no liability under the Policy.
- All questions in this Proposal Form must be answered before this Proposal can be considered. Any questions not answered will be taken as answered in the negative.
- If the space provided is insufficient, please write the details on a separate sheet of paper and attach it to this Proposal Form.

COVER DETAILS

Period of Insurance From _____ To _____	Exclude COE: <input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party Only	Off-Peak Car: <input type="checkbox"/> Yes <input type="checkbox"/> No
	NCD Protector: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(Applicable for 50% NCD with no claims in previous year only)</i>

PARTICULARS OF PROPOSER

Full Name (as shown in NRIC/Passport)		*NRIC/Passport/FIN No.
Date of Birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Residential Address		Postal Code (_____)
Contact Details (Hp) _____ (H) _____ (O) _____	Email _____	
Name of Employer _____		% Usage of Vehicle _____
Occupation (*Indoor / Outdoor)	Issue Date of Singapore Driving License (dd/mm/yyyy)	Certificate Of Merit Entitlement (5%) <input type="checkbox"/> Yes <i>(Please attach COM from Traffic Police)</i>

PARTICULARS OF ALL REGULAR DRIVERS (not stated above)

1) Full Name (as shown in NRIC/Passport)		*NRIC/Passport/FIN No.	Date of Birth (dd/mm/yyyy)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Proposer	% Usage of Vehicle	Issue Date of Singapore Driving License (dd/mm/yyyy)	Demerit Points
Occupation (*Indoor / Outdoor)		Claims Experience last 3 yrs (No. of Claims & Amount)		
2) Full Name (as shown in NRIC/Passport)		*NRIC/Passport/FIN No.	Date of Birth (dd/mm/yyyy)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Proposer	% Usage of Vehicle	Issue Date of Singapore Driving License (dd/mm/yyyy)	Demerit Points
Occupation (*Indoor / Outdoor)		Claims Experience last 3 yrs (No. of Claims & Amount)		

Please attach extra copy where necessary

VEHICLE PARTICULARS

Private Car <input type="checkbox"/> Manual <input type="checkbox"/> Automatic		Body Type for Private Car <input type="checkbox"/> Private Motor Cycle <input type="checkbox"/> Saloon/Hatchback <input type="checkbox"/> Coupe <input type="checkbox"/> SUV <input type="checkbox"/> MPV <input type="checkbox"/> Others _____ <i>(please specify)</i>		
Registration No.	Year of Registration	Engine No.		
Make (e.g. Honda)	Model (e.g. Accord 2.4G)	Chassis No.	Engine Capacity (cc)	
Seating Capacity (incl driver)	Year of Manufacture	Hire Purchase Company (if any)	Parallel Imported? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your Vehicle have any modification or non-standard accessories? <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g. modifications to the body, suspension engine or a non-factory fitted turbo, non-standard wheels or tyres, sunroof, sound equipment, alarm or anti-theft device etc). If yes, pls specify (make/description and value). _____				

**Delete where applicable*

PARTICULARS OF CURRENT INSURANCE

Name of Insurance Company		Policy No.
Vehicle Registration No.	No Claims Discount (%)	Policy Expiry Date (dd/mm/yyyy) From (am/pm) To (midnight)
If NCD is nil or 10% with no claims experience, please provide details <input type="checkbox"/> First time owner <input type="checkbox"/> 2nd vehicle or 3rd vehicle <input type="checkbox"/> Driving Company's/ Other person's vehicle <input type="checkbox"/> Others _____ <p style="text-align: right;"><i>(please specify)</i></p>		

VEHICLE USAGE

For Motor Car: Used for

a) Social, domestic and pleasure purposes and for the Insured's business or profession Yes No

b) Business of the Insured's employer or partner Yes No

c) Hire or reward Yes No

For Motor Cycle: Used for

a) Will the Motor Cycle be ridden by the Insured or by one named rider only? Yes No

b) Will the Motor Cycle be used with a side-car attached? Yes No

c) Specify any other purposes for which the Motor Cycle will be used Yes No
If yes, please provide details

INSURANCE HISTORY (If yes, please provide details)

Has any Insurance Company at any time in respect of Motor Insurance (new or renewal) in your name or in the name of above regular named drivers who drive the vehicle:

a) Declined any Proposal? Yes No

b) Cancelled any Policy Insurance? Yes No

c) Imposed an excess or other special terms? Yes No

d) Refused to renew any Policy of Insurance? Yes No

DECLARATION BY PROPOSER

During the past 3 years has any of the above regular named drivers and the proposer:

a) Suffered any physical or mental infirmity or defective vision or hearing? Yes No

b) Had any traffic conviction or deduction of demerit points (excluding parking fines) or have a charge pending? Yes No

c) Had an accident, or vehicle burnt or stolen or made any claim on Motor Vehicle Insurance? Yes No

d) Had a driving license endorsed, suspended or cancelled? Yes No

If yes, please provide details:

Driver's Name	Details	Date (dd/mm/yyyy)	Insurance Company	Claims Amount

I/We hereby declare and agree to insure my/our Motor Vehicle/Cycle with Allianz Insurance Company of Singapore Pte Ltd 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/Cycle is and will be kept in roadworthy 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/ourselves.

Signature of Proposer:

Date:

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE IN RESPECT OF THIS PROPOSAL UNTIL ACCEPTANCE HAS BEEN COMMUNICATED BY THE COMPANY TO THE PROPOSER OR HIS AGENT OR BROKER.

FOR OFFICIAL USE

Intermediary Name	Intermediary Code	Cover Note / Policy Number

Updated 01 Feb 2010