



**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 _____ <small>(please specify)</small>		

**VEHICLE USAGE**

For Commercial Vehicle: Used for

a) Social, domestic and pleasure purposes and for the Insured's business or profession	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Business of the Insured's employer or partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Hire or reward	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**INSURANCE HISTORY (If yes, please provide details)**

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

a) Declined any Proposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Cancelled any Policy Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Imposed an excess or other special terms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Refused to renew any Policy of Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

During the past 3 years has any of the above main drivers:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) Suffered any physical or mental infirmity or defective vision or hearing?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Had any traffic conviction or deduction of demerit points (excluding parking fines) or have a charge pending? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Had an accident, or vehicle burnt or stolen or made any claim on Motor Vehicle Insurance?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Had a driving license endorsed, suspended or cancelled?   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 Commercial Vehicle 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 Commercial Vehicle 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