

# APPLICATION FORM

**IMPORTANT NOTE: NOTICE TO THE APPLICANT**

STATEMENT PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 (OR ANY SUBSEQUENT AMENDMENTS THEREOF) - YOU ARE TO DISCLOSE IN THIS APPLICATION FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW IN RESPECT OF THE RISK PROPOSED, OTHERWISE THE POLICY ISSUED HEREAFTER MAY BE VOID.

**Complete the application form and send it to [gi@singlife.com](mailto:gi@singlife.com)**

SECTION A	POLICYHOLDER'S DETAILS
Company Name	
Company Registration Number	
Nature of Business (Please choose from dropdown)	
Contact Person	
Office Number	
Mobile Number	
Email Address	
Company Address	

SECTION B	COVERAGE DETAILS
Cover Type	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third-Party Fire and Theft <input type="checkbox"/> Third Party Only
Period of Insurance	Cover Start Date: _____ Cover End Date: _____

SECTION C	VEHICLE DETAILS and NO CLAIMS DISCOUNT (NCD)
Make and Model	
Tonnage	
Body Type	<input type="checkbox"/> Lorry <input type="checkbox"/> Pick up <input type="checkbox"/> Van <input type="checkbox"/> Others _____
Seating Capacity (including driver)	
Vehicle Registration Number (If not available, please provide Chassis number and Engine number)	
Chassis Number	
Engine Number	
Year of Registration	
NCD Entitlement	
Number of at-fault claims, you have had, in the last 3 years for this vehicle (or from any vehicle if it is a replacement for this vehicle)	
Date(s) of accident, if any	
Total Claims Amount, if any	
Hire Purchase Company	

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SECTION C (continued)	VEHICLE DETAILS and NO CLAIMS DISCOUNT (NCD)
Driver options (Only selected drivers are covered by the policy. For example: if you select "You and any driver aged 25 or over", any driver aged 24 or below will not be covered if he/she drives your vehicle.)	<input type="checkbox"/> Any Driver <input type="checkbox"/> Any driver aged 25 or over <input type="checkbox"/> Any driver aged 30 or over <input type="checkbox"/> Insured only (Note: This is only applicable if the company is registered under Sole Proprietor and if this option is chosen, only the Sole Proprietor is allowed to use the vehicle)

SECTION D	PREVIOUS INSURER DETAILS
Previous Vehicle Registration Number	
Previous Policy Number	
Previous Insurer	

SECTION E: VEHICLE USAGE
<input type="checkbox"/> Social, domestic and pleasure purposes and for the Insured's business <input type="checkbox"/> Hire and reward (carrying passengers who are not employee(s) of the insured) <input type="checkbox"/> Others. Please specify: _____ Are goods carried flammable, corrosive or explosive in nature? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify) _____

SECTION F: OPTIONAL COVER
Additional Accessories <input type="checkbox"/> Tailgate <input type="checkbox"/> Freezers <input type="checkbox"/> Hoods <input type="checkbox"/> Others. Please specify: _____ Sum insured (round up to the nearest S\$'000): _____ Riders <input type="checkbox"/> Airside Extension <input type="checkbox"/> Any Workshop Extension <input type="checkbox"/> New Vehicle Replacement

SECTION G	DRIVER'S DETAILS (IF USAGE IS HIRE AND REWARD OR OTHERS)
Name of Driver	
NRIC/Fin	
Date of Birth	
Driving Experience	

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## SECTION H: DECLARATIONS

1. The information you have provided in this application is true, correct and complete and shall form the basis of your insurance contract. You understand that under section 23(5) of the Insurance Act, if you withhold any information which you know or ought to know, your claim may not be payable.
2. You are the registered owner of the vehicle.
3. Your vehicle has no modification or any modifications your vehicle has are compliant with Land Transport Authority of Singapore.
4. You and/or any other drivers are medically fit to drive and satisfy all driving regulations.
5. You and/or any other drivers have never previously been refused motor insurance, declined renewal of motor insurance or had your motor insurance terminated by any insurer for any reason.
6. The total number of claims you have had in the last 3 years is not more than 2.
7. You hereby undertake to pay any difference arising from a discrepancy in the NCD or at-fault claims declared, failing which the policy may be cancelled by Singapore Life Ltd.
8. You understand that Singapore Life Ltd. will not be legally responsible for any claims until this application has been accepted by Singapore Life Ltd. and premium has been fully paid by you.
9. If you do not satisfy any of the criteria above, please provide the details below:

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## SECTION I: PERSONAL DATA CONSENT

We declare that we have read, understood and have obtained the appropriate consent from the insured persons whose personal data are being disclosed for the purposes stated in Singapore Life Ltd's Personal Data Protection Compliance Undertakings (By Corporate Prospect/Policyholder).\*\*

\*\*You may view the full content of the Personal Data Protection Notice at [www.singlife.com/pdpa](http://www.singlife.com/pdpa) and the Personal Data Protection Compliance Undertakings (By Corporate Prospect/Policyholder) at [www.singlife.com/business/pdpa](http://www.singlife.com/business/pdpa). Singapore Life Ltd's Data Protection Notice and Personal Data Protection Compliance Undertakings (By Corporate Prospect/Policyholder) may be updated from time to time without notice. Please do visit our website regularly to ensure that you are well informed of the updates.

## SECTION J: PAYMENT DETAILS

**Cheque**

Cheque No.:

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Please make cheque payable to "Singapore Life Ltd."

**Bank Transfer**

Bank Transfer to Singapore Life Ltd.'s bank details

Name of Account : Singapore Life Ltd.

Bank Account Number : 0039150709

Bank Name : DBS Bank

Branch Name : Shenton Way (03)

Bank Code : 7171

Branch Code : 003

Name and Signature of Authorised Signatory and Company Stamp:

### Particulars of Agent

Name:

Code:

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Date (DD / MM / YYYY)