

Commercial AutoPlus

PROPOSAL FORM

THIS INSURANCE WILL NOT BE VALID IF YOU DO NOT:

- **Complete** all the fields in the Proposal Form
- **Declare** truthfully
- **Sign** on the Proposal Form

OTHER IMPORTANT NOTES:

- Statement pursuant to the Insurance Act or any amendments thereof: You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued may be void.
- A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00 (before GST), in addition to the Policy Excess, applies to You or any Authorised Driver (named and unnamed) who is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies.
- If the vehicle you are purchasing is registered under company's name, please endorse with the company's stamp on the Proposal Form.
- Kindly attach payment with Proposal Form.
- This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites (www.aig.sg or www.gia.org.sg or www.sdic.org.sg).

COMMERCIAL AUTOPLUS PROPOSAL FORM (For commercial vehicles only)

www.aig.sg



Limitations as to use:

This policy does not cover if your Vehicle is used for hire or reward; for racing, pace making, reliability trial or speed testing; or when drawing a trailer, except if towing a single disabled vehicle.

Producer Name

Contact No.

Producer Code/SubCode

Policy Reference No.

ABOUT THE PROPOSER (REGISTERED OWNER OF VEHICLE ONLY)

Name	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. (Please enter Full Name as per your NRIC/ROC/Passport and underline Surname.)	NRIC/Passport/ROC No.*
Address	(Block/House No.) _____ (Level-Unit No.) _____	IF INSURED IS NOT A COMMERCIAL ENTITY, COMPLETE THE FOLLOWING.
	(Street Name) _____	
	(Building Name) _____	
	(Singapore) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Contact Details	(Mobile) _____ (Office) _____	Date of Birth
	(Residential) _____ (Fax) _____	Nationality
	(Email) _____	Gender
	Type of Business/Trade	Nature of Business
		Physical Impairment (if any)

* Delete where applicable.

DECLARATIONS

Please tick (✓) below where applicable. Otherwise, declarations will be taken as 'NIL'.

At fault claims* experience in last 3 years (please provide details below)

*At fault claims refer to claims which result in the reduction of the No Claim Discount (NCD)

Date of accident (dd/mm/yy)	Description of accident	Amount of claim (\$)	Type of claim (Own Damage/Third Party/Theft/Bodily Injury)

No Claim Discount (NCD)(%) _____ (If NCD is nil or 10% with no claims experience, please provide the reason below)

First time owner 2nd or 3rd vehicle Have been driving company's/relatives' vehicles Others (please specify) _____

Is NCD to be transferred from existing/previous insurer? Yes (please provide details below and arrange to effect a cancellation of your cover with your existing insurer in order for the declared NCD to be applied from the inception of this risk proposed.)

Previous Insurer _____ Registration No _____

Policy No. _____ Expiry/Cancellation Date _____

REVOKED AND SUSPENDED LICENCE (in the past 10 years)

Record of revoked/endorsed driving licence Date revoked _____ Reason _____
 Duration of revoked licence _____ Alcohol limit _____ mg/breath or _____ mg/blood
 Any accident when the licence was revoked? Yes No NCD before the licence was revoked _____
 Driving experience before the licence was revoked _____

ABOUT THE VEHICLE

Period of Insurance	From	D	D	M	M	Y	Y	to midnight of	D	D	M	M	Y	Y	Type of Coverage	Comprehensive
Make & Model									Engine Capacity/Tonnage							
Engine No.																
Chassis No.																
Hire Purchase Co.									Seating Capacity							
Vehicle Usage	Would vehicle be used to carry: <input type="checkbox"/> Own Goods <input type="checkbox"/> Own Passenger(s) <input type="checkbox"/> Passenger(s) on the cargo deck who are not employee(s) of the insured <input type="checkbox"/> For Hire or Reward to carry goods and/or passengers <input type="checkbox"/> Third Party Goods (please specify) _____ Are goods carried flammable, corrosive or explosive in nature? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____															





AIG Asia Pacific Insurance Pte. Ltd.

AIG Building
78, Shenton Way #09-16
Singapore 079120
www.aig.sg
Co. Reg. No. 201009404M