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## Motor Insurance Application Form

### IMPORTANT NOTICE

- Statement pursuant to Section 25 (5) of the Insurance Act (Cap.142). You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise you may not receive any benefit from your policy.
- Great American's liability does not commence in respect of this application form until acceptance has been communicated by Great American to you or your agent or broker.
- Please answer all questions carefully. Any question which is not answered in this application form will be taken as an answer in the negative. Indicate 'NIL' or 'NA' where applicable.

\* Delete or tick where applicable

### 1. Particulars of Agency (For Internal Use Only)

Intermediary/Account No \_\_\_\_\_ Policy No. \_\_\_\_\_ Quotation No. \_\_\_\_\_

### 2. Particulars of Applicant

Dr  Mr  Mrs  Mdm  Miss NRIC/FIN No. \_\_\_\_\_ Gender:  Male  Female

Full Name (As shown in NRIC/passport) \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Race \_\_\_\_\_

Nationality (Singaporean/Other, please specify) \_\_\_\_\_

Marital Status:  Single  Married  Other (please specify) \_\_\_\_\_

Tel No. (Home) \_\_\_\_\_ Tel No. (Office) \_\_\_\_\_ Tel No. (Mobile) \_\_\_\_\_

Email Address \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Driving License Pass Date (DD/MM/YYYY) \_\_\_\_\_

Demerit Points in the past 24 months \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Driving License under probation:	<input type="checkbox"/>	<input type="checkbox"/>

Address at which vehicle is kept (if different from correspondence address) \_\_\_\_\_

Occupation:  Full-Time  Part-Time  Indoor  Outdoor

Company Name \_\_\_\_\_ Company Contact Person \_\_\_\_\_

Company Nature of Business \_\_\_\_\_

Details of main driver if the registered owner does NOT have a valid driving license:

Name \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Gender:  Male  Female

NRIC \_\_\_\_\_

Driving Experience (No. of years) \_\_\_\_\_ Occupation \_\_\_\_\_

**3. Particulars of Vehicle**

Make/Model _____	Vehicle Registration No. _____	<input type="checkbox"/> Off-Peak Car				
Capacity/Tonnage _____	Year of Registration _____					
Fuel Type: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid						
Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Chassis No. _____	Year of Manufacture _____				
Date Purchased (DD/MM/YYYY) _____	Estimated Present Market Value _____					
Seating Capacity (excluding driver) _____	Engine No. _____					
Name of Hire Purchase (if any) _____	Parallel Import:	<table border="0"> <tr> <td style="width: 20px;"><b>Yes</b></td> <td style="width: 20px;"><b>No</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	<b>No</b>					
<input type="checkbox"/>	<input type="checkbox"/>					
Usage: <input type="checkbox"/> Private Use <input type="checkbox"/> Business Use <input type="checkbox"/> Other (please specify) _____						
Name and Address of Finance Company/Bank (if applicable): _____						

**4. Type of Vehicle**

Please select one	Please select one
<input type="checkbox"/> Private Vehicle	<input type="checkbox"/> Saloon/Sedan <input type="checkbox"/> SUV <input type="checkbox"/> MPV <input type="checkbox"/> Coupe <input type="checkbox"/> High-Performance <input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Commercial Vehicle	<input type="checkbox"/> Van <input type="checkbox"/> Lorry/Pickup <input type="checkbox"/> Lorry with Crane <input type="checkbox"/> Lorry with Tailgate <input type="checkbox"/> Prime Mover <input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Bus	<input type="checkbox"/> Ferry Non-Tourists <input type="checkbox"/> Ferry Tourists <input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Motorcycle	

**5. Cover Details**

Please select one:  Comprehensive  Third Party Fire and Theft  Third Party Only

**6. Vehicle Modification**

	Yes	No
Has the vehicle been modified in any way (e.g. accessories, attachment) from the original manufacturer's design or specification?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, please provide details</b> _____		

**7. No Claim Discount (NCD)**

	Yes	No
Do you wish to obtain NCD Protection? (applicable for Private Cars and for 50% NCD only)	<input type="checkbox"/>	<input type="checkbox"/>
NCD Entitlement _____		
If NCD is NIL, please indicate reason:		
<input type="checkbox"/> Due to Claims <input type="checkbox"/> First time owning a Vehicle <input type="checkbox"/> Other (please specify) _____		

**I will pay any difference in the premium due under the policy issued by Great American if my previous insurer says that I am not entitled to NCD or that my NCD entitlement is lower than what is declared here.**

**8. Previous Insurer**

Name of Previous Insurer \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Vehicle Registration No. \_\_\_\_\_ No Claim Discount (NCD) (%) \_\_\_\_\_  
 Expiry/Cancellation Date (DD/MM/YYYY) \_\_\_\_\_

**9. Period of Insurance**

Period of insurance (from DD/MM/YYYY to DD/MM/YYYY) \_\_\_\_\_

**10. Particulars of Named Driver(s)/Rider(s)**

	Authorised Driver 1	Authorised Driver 2	Authorised Driver 3
Full Name (As shown in NRIC/passport)			
NRIC/FIN No.			
Gender (Male/Female)			
Date of Birth (DD/MM/YYYY)			
Type of License			
Relationship to Applicant			
Driving License Pass Date			
Demerit Points in the past 24 months			
Driving License under probation (Yes/No)			
Occupation (Full/Part-time, Indoor/Outdoor)			
Company Name			

**11. Driving History**

**(Please attach additional sheets to provide required information, if necessary)**

**Yes No**

Have you or your named drivers been convicted of any driving offense (not including parking) in the past 3 years?  Yes  No  
**If yes**, please provide the details \_\_\_\_\_

Have you or your named drivers been involved in any motor accident in the past 3 years? (Regardless of blame and whether reported to the insurer or not)  Yes  No  
**If yes**, please provide the details \_\_\_\_\_

Date of Accident (DD/MM/YYYY) \_\_\_\_\_ Insurance Company \_\_\_\_\_

Name of Driver/Rider \_\_\_\_\_

Type of Claim:  Own damage  Third party property  Third party injury

Description of Accident \_\_\_\_\_ Claim Amount \_\_\_\_\_

Date of Accident (DD/MM/YYYY) \_\_\_\_\_ Insurance Company \_\_\_\_\_

Name of Driver/Rider \_\_\_\_\_

Type of Claim:  Own damage  Third party property  Third party injury

Description of Accident \_\_\_\_\_ Claim Amount \_\_\_\_\_

**11. Driving History (Please attach additional sheets to provide required information, if necessary) *Continued***

Date of Accident (DD/MM/YYYY) _____	Insurance Company _____
Name of Driver/Rider _____	
Type of Claim: <input type="checkbox"/> Own damage <input type="checkbox"/> Third party property <input type="checkbox"/> Third party injury	
Description of Accident _____	Claim Amount _____

**Personal Data Collection Statement**

1. In order to process, evaluate, administer and/or manage your application, relationship, account and/or policy with Great American Insurance Company, Singapore Branch ("**Great American**"), Great American will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of Great American as previously provided by you; and (ii) your claims.
2. Such personal data will be collected, used, disclosed and/or processed by Great American for the purpose(s) of:
  - a. considering whether to provide you with the insurance you applied for including considering whether to accept any renewal request;
  - b. processing your application for underwriting and insurance;
  - c. administering and/or managing your relationship, account and/or policy with Great American;
  - d. processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
  - e. carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by Great American;
  - f. carrying out your instructions or responding to any enquiries by you;
  - g. dealing in any matters relating to the services and/or products which you are entitled to under a policy which you are applying for or have applied for; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
  - h. investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your renewal request, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
  - i. complying with applicable law in administering and managing your relationship with Great American.

(collectively the "**Purposes**")
3. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above purposes.
4. Your personal data may/will be disclosed by Great American to affiliates of Great American and third parties such as third party service providers, reinsurers or agents (including its lawyers / law firms) ("**Relevant Parties**"), which may be cited outside of Singapore, for one or more of the above purposes, and such relevant parties would be processing your personal data for Great American in relation to one or more of the above purposes.
5. By signing below, you:
  - a. consent to Great American collecting, using, disclosing and/or processing your personal data for the purposes as described above;
  - b. consent to Great American collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes as described above;
  - c. consent to Great American disclosing your personal data to the relevant parties, for the purposes as described above; and
  - d. consent to Great American transferring your personal data out of Singapore to the relevant parties, for the purposes as described above.

**Declaration**

1. I hereby declare and agree to insure my motor vehicle with Great American and I agree to accept Great American’s Policy subject to the terms, conditions and exceptions of the policy. I hereby declare that the above-mentioned Motor Vehicle is and will be kept in good condition.
2. I hereby warrant that all answers given in this application form (the “**Proposal**”) are true and correct and that this Proposal and Declaration shall form part of the contract between Great American and myself.
3. I hereby agree to give my consent for Great American to verify any given information with the relevant authority.
4. I acknowledge that should there be a change in any information provided, the premium quoted may be revised. I further acknowledge that the No Claim Discount is subject to confirmation by my current insurer and any difference in the No Claim Discount may affect the basic premium quoted.

\_\_\_\_\_

**Signature of Applicant** **Date**

**FOR OFFICIAL USE**

Intermediary Name and Account No. \_\_\_\_\_

Policy No. \_\_\_\_\_

Checked By \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

Premium \_\_\_\_\_

Remarks \_\_\_\_\_