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Motor Insurance Application Form

IMPORTANT NOTICE

- Under Section 25(5) of the Insurance Act (Cap. 142) or any subsequent amendment thereof, you are to disclose to Great American in this application form, fully and faithfully the facts as you know them or ought to know them, otherwise you may receive nothing from the 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 _____

Postal Address _____

Driving License Pass Date (DD/MM/YYYY) _____

Demerit Points in the past 24 months _____

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

Address at which vehicle is kept (if different from postal address) _____

Occupation: Full-Time Part-Time Indoor Outdoor

Company Name _____ Company Contact Person _____

Company Contact Person _____

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:	Yes <input type="checkbox"/> No <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"/> Tipper <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"/>
If yes, please provide details _____		

7. No Claim Discount (NCD)

Yes No

Do you wish to obtain NCD Protection? (applicable for Private Cars and for 50% NCD only)

Yes No

NCD Entitlement _____

If NCD is NIL, please indicate reason:

Due to Claims First time owning a Vehicle 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. _____ 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 _____

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: 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 _____

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 _____