

## MOTOR VEHICLE INSURANCE PROPOSAL FORM

<p><b><u>IMPORTANT NOTICES</u></b></p> <p><b>1. STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (Cap.142)</b> 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 hereunder may be void.</p> <p><b>2. APPLICABLE TO COMMERCIAL VEHICLES</b> An excess of S\$3,500.00 on Section I &amp; II separately is applicable to those drivers who are below 23 years old and/or who have less than 3 years of driving experience.</p> <p><b>3. APPLICABLE TO PRIVATE VEHICLES</b> An excess of S\$3,500.00 on Section I &amp; II separately is applicable to those drivers who are below 22 years old and/or who have less than 2 years of driving experience.</p>	<p style="text-align: center;"><b>AGENCY NAME/CODE</b></p> <hr/> <p><b>Type of Vehicle</b></p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Commercial</p>
---	---

Please answer all the questions or write 'NIL' or 'NA' where appropriate.

If insufficient space is provided for your answers, please continue on a separate sheet.

<b>PROPOSER'S PARTICULARS</b>					
Name:			<input type="checkbox"/> Singapore/Singapore Permanent Resident		
NRIC No and/or Co. Reg. No:			<input type="checkbox"/> Others (Pls specify)		
Date of Birth:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Proposer Driving: <input type="checkbox"/> Yes <input type="checkbox"/> No			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		
Pass Date of Driving Licence (dd/mm/yyyy) <input type="checkbox"/> In Singapore <input type="checkbox"/> Others (Pls specify)			Any Demerit Point? If Yes, Please state reason(s):		
<b>ADDRESS</b>					
<b>CONTACT NUMBER</b>		Office:		Residential Telephone No:	
		E-mail:		Handphone No:	
<b>BUSINESS OR OCCUPATION</b>			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
<b>PERIOD OF INSURANCE</b>			From: _____ To: _____		
<b>PARTICULARS OF VEHICLE TO BE INSURED</b>	<b>Registration No.</b>	<b>Make/Model</b>	<b>Engine Capacity/Tonnage</b>	<b>Year Of Make And Registration</b>	<b>Carrying Or Seating Capacity (Including Driver)</b>
	<b>Engine/Motor Number:</b>			<b>Chassis Number:</b>	
	<input type="checkbox"/> Private	<input type="checkbox"/> Saloon or Sedan	<input type="checkbox"/> Coupe	<input type="checkbox"/> High-Performance or turbo	
	<input type="checkbox"/> Electric Vehicle	<input type="checkbox"/> Off-Peak Car	<input type="checkbox"/> Station Wagon or MPV or SUV		
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Van	<input type="checkbox"/> Pickup/Lorry – Hood/Canopy → <input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> Electric Vehicle	<input type="checkbox"/> Prime Mover	<input type="checkbox"/> Lorry with Crane/Tailgate	<input type="checkbox"/> Motorcycle	
		<input type="checkbox"/> Tow Truck	<input type="checkbox"/> Refrigerated Vehicle	<input type="checkbox"/> Others	
Vehicle Modification: <input type="checkbox"/> Yes <input type="checkbox"/> No		Modification Details:			
<b>Hire Purchase Company</b>			<input type="checkbox"/> Yes, please state: _____ <input type="checkbox"/> No		
<b>COVERAGE</b>					
<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party Only					

<b>OPTIONAL EXTENSIONS (SUBJECT TO EXTRA PREMIUM)</b>	<b>NO CLAIM DISCOUNT PROTECTION</b> (Applicable to Insured having 50% NCD with nil claim experience for the past 3 years) <b>IMPORTANT NOTICE TO PROPOSER</b> Having an NCD Protector will not necessarily protect Insured against non-renewal or cancellation of policy. NCD Protector is not transferrable to another Insurer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Breakage of windscreen or window glass/sunroof Without affecting your no claim discount	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If "YES", state sum insured required	\$
	Loss or damage to audio player Without affecting your no claim discount	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If "YES", state estimate of value	\$

**PERSONS WHO WILL DRIVE THE VEHICLE**

NAME	SEX	DOB	Occupation	Pass Date Of Driving Licence (dd/mm/yyyy)	Any Accident/Demerit Points for the past 3 years? If Yes, Please state
				<input type="checkbox"/> In Singapore <input type="checkbox"/> Others (Pls specify)	
				<input type="checkbox"/> In Singapore <input type="checkbox"/> Others (Pls specify)	
				<input type="checkbox"/> In Singapore <input type="checkbox"/> Others (Pls specify)	

**NOTE:** If you or anyone who to your knowledge will drive has been involved in any accident or has had a vehicle stolen, destroyed or damaged or been convicted of or received notice of intended prosecution or been given demerit points for any defence in connection with any motor vehicle, give dates and full particulars. Failure to disclose the required information would invalidate the policy and no claim would be admissible.

**PURPOSES FOR WHICH THE VEHICLE WILL BE USED**

Social, domestic and pleasure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Carriage of goods for hire or reward	<input type="checkbox"/> YES <input type="checkbox"/> NO
Carriage of passengers but not for hire or reward	<input type="checkbox"/> YES <input type="checkbox"/> NO
Carriage of passengers for hire or reward	<input type="checkbox"/> YES <input type="checkbox"/> NO
In connection with the Motor Trade	<input type="checkbox"/> YES <input type="checkbox"/> NO
Others (please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO

**GENERAL QUESTIONS AND DECLARATION**

			If YES, give full details
1.	To the best of your knowledge and belief, do you or any other person who to your knowledge will drive the vehicle suffer from any disease, physical infirmity, defective vision or hearing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.	Have there been any accidents or losses during the past <u>three</u> years in connection with motor vehicles when those vehicles were owned or driven or used by you or by other drivers named above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.	Has any Company or Insurer ever declined to insure you or the drivers named above or your vehicle or has imposed special terms or cancelled or refused to renew your insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	Do you now hold or have you ever held a motor insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Insurer _____ Vehicle No _____ Expiry Date _____ Policy No _____
5.	Are you entitled to a "No Claim Discount" from your previous Insurer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NCD Earned:
6.	Do you have any insurance with us now? If Yes, please specify the policy number.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## PAYMENT MODE

We would like to advise that in view of the charges imposed by Banks on use of corporate cheques and the cessation of clearance of cheques in the near future, we will not be able to accept payments vide cheques. Therefore, we advise you to kindly make the payment vide PayNow/Giro/Fast/Bank Transfer. Our Bank details are provided below:

<b>PayNow</b>	UEN no.: 195000106C
<b>GIRO/FAST/Bank Transfer</b>	<b>GIRO/FAST/Bank Transfer</b>
Beneficiary Name:	MS First Capital Insurance Limited
SGD Current Account Number:	003-952452-8
Beneficiary Bank Swift Code:	DBSSSGSG
Beneficiary Bank Name:	DBS Bank
Beneficiary Bank Address	12 Marina Boulevard DBS Asia Central @ MBFC Tower 3 Singapore 018982

Kindly provide the screenshot of the successful transaction for our record to our email address at [mprocess@msfirstcapital.com.sg](mailto:mprocess@msfirstcapital.com.sg)

Pay Your Insurance Premiums Directly to Your Insurer: <https://gia.org.sg/images/resources/For-Agents/GIARR-2024-Infographic.jpg>

## PERSONAL DATA PROTECTION

1. I/We acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that MS First Capital Insurance Limited may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and described in MS First Capital Insurance Limited's Personal Data Collection Statement (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to MS First Capital Insurance Limited's business partners, intermediaries, third party service providers and industry associations. MS First Capital Insurance Limited's Personal Data Protection can be found at [www.msfirstcapital.com.sg](http://www.msfirstcapital.com.sg)
2. I/We consent to receive marketing and promotional information from MS First Capital Insurance Limited (e.g. via email, mail, SMS, etc). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at [www.msfirstcapital.com.sg](http://www.msfirstcapital.com.sg)
3. By signing this form, I/we have read, understood and agreed to be bound by the prevailing Personal Data Protection Act 2012 as supplement to the Personal Data Collection Statement. If any inconsistencies between the Personal Data Collection Statement and the Personal Data Protection Act 2012, the latter shall prevail.

I/We hereby declare that Motor Vehicle will be kept in good condition and I/We hereby warrant the truth of the particulars and answers given herein and that I/We have withheld no information whatsoever that might tend in any way to increase the Company's risk or to influence the decision of the Company regarding this Proposal. I/We agree to accept a policy subject to the provisions and conditions of such policy which will be posted to me upon this Proposal being accepted. In the absence of my/our notifying the Company or its Agent after the aforesaid period, the Policy Conditions will be deemed to have been duly received. I/We agree that this Proposal and declarations shall be the basis of the contract between me/us and the Company.

I/We also undertake to reimburse the Company on any difference on premium due to different No Claim Discount percentage stated herein from the No Claim Discount declared by the prior holding Insurer.

\_\_\_\_\_  
Your Signature or Company Authorized Signature & Stamp

\_\_\_\_\_  
Date

**No insurance is in force until this proposal has been accepted by the Company**

### FOR OFFICE USE ONLY

**Premium Computation/terms and conditions**

**Motor Policy/Certificate Number:**

## Pay Your Insurance Premiums to Your Insurer



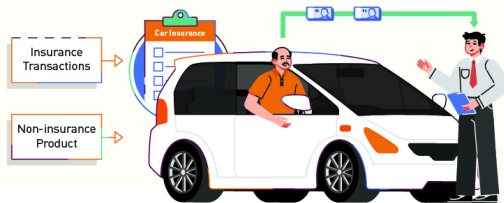
If you're buying insurance through general insurance agents registered with ARB, You should now **pay insurance premiums directly to your insurers**, not your agents.



## 2 Exceptions

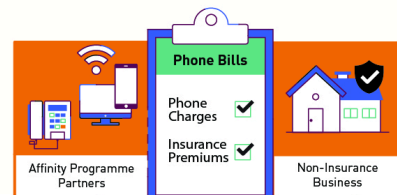
### Where Agents Can Collect Insurance Premiums From You

#### Example 1



Motor insurance premium **paid together with the cost of the vehicles**

#### Example 2



Telco who is also an agent distributes home insurance, bills and **collect the insurance premiums under the telco bills.**