

MOTOR VEHICLE INSURANCE PROPOSAL FORM

Intermediary: _____ Our Ref: _____

Please write clearly and tick where applicable

I Proposer's Particulars

Name: _____
 Address: _____ Singapore (_____)
 Tel. No. (O) _____ (Mobile) _____
 Email: _____
 Occupation / Business: _____
 Employer's Name & Trade: _____
 Birth Date: _____ Marital Status: _____
 NRIC/Passport No.: _____ Gender: _____
 Nationality: _____ Driving Experience: _____ years
 Claim Experience (Past 3 years): Yes No
 (if "Yes", please specify): _____

 How often do you drive to West Malaysia?
 Weekly Monthly Less than monthly

II Details of Vehicle

Vehicle No.: _____ Year of Manufacture: _____
 Odometer Reading: _____ Registration Date: _____
 Body Type: _____ CC/Ronnage: _____ Seaters: _____
 Make/Model: _____
 Engine No.: _____
 Chassis No.: _____
 Parallel Import: Yes No Turbo Engine: Yes No
 Estimated Market Value _____
 Usage of the Vehicle: Private Business Hire
 Hire Purchase Co. & Address: _____

Current Insurance Co: _____ Policy No: _____
 Vehicle No: _____
 Expiry/Cancellation Date: _____
 No Claim Discount (NCD) entitlement _____ %
 If NCD is "Nil", please provide details,
 first time buying a vehicle
 2nd or 3rd vehicle
 have been driving others' car
 other reason, please specify _____

Has the vehicle been modified/converted in any way from the manufacturer's specifications? Yes No
 Are there any additional accessories installed on the vehicle?
 Yes No
 If "Yes", please specify _____

III Period of Insurance: From _____ to _____
 (You may wish to coincide insurance expiry with your road tax)

IV Coverage:
 Comprehensive - Preferred workshop Plan
 Comprehensive - Standard Plan
 Third Party Fire & Theft Third Party Only

V Additional Drivers:

Full Name	Occupation	Age	Gender	Marital Status	Driving Exp. (Years)

VI Other Information

Have you or any driver named under Section V
 (other than parked) in the past 3 years or
 have prosecutions pending?
 Yes No

2) Been given Demerit Points? If "Yes", please state name of driver, total number of Demerit Points accumulated during the last 24 months, the date and type of offence?
 Yes No

3) Has physical impairment which will affect the driving ability?
 Yes No

4) Do you have any insurance terminated in the last 12 months due to a breach of any premium payment condition?
 Yes No

5) Do you have any insurance terminated in the last 12 months due to a breach of any premium?
 Yes No

If any of the above answer is "Yes", please provide details below:

VII Additional Information

Commercial Vehicle

1) Unladen Weight _____ Laden Weight _____
 2) No. of Trailers attached _____
 3) Will the vehicle be used for
 Carriage of goods (other than samples) in connection with own business but not for hire or reward
 Carriage of goods for hire or reward
 Carriage of passengers for hire or reward
 other purpose, please specify _____
 4) Is this vehicle used to carry passenger who are not the employees of the insured? Yes No
 5) Additional Coverage Required
 Third Party Working Risk SRCC
 Flood & Windstorm Passenger Risk
 LLOP
 Other _____
 Additional equipment on the vehicle, please specify _____

Motor Cycle

Sum insured \$ _____
 1) Will the motor cycle be used solely for
 Social domestic and pleasure purpose
 Social domestic pleasure and business purpose
 2) Does the motor cycle have a side-car? Yes No
 3) Will the motor cycle be ridden by
 The Insured or by one named rider
 Any Rider

Important Notes:

1) All questions in this Proposal Form must be answered before this Proposal can be considered. Any questions not answered will be taken as answered in the negative.
 2) The liability of the company does not commence until this proposal has been accepted by the company.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Payment Before Cover Warranty (For Private Vehicles):

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and no benefits whatsoever shall be payable by the Company.

Premium Payment Warranty (For commercial Vehicles):

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

Declaration:

I DO HEREBY DECLARE AND WARRANT the answers given above in every respect are true and correct and I have not withheld any information likely to affect acceptance of this Proposal, and agree that this Proposal Declaration shall be the basis of the Contract between the Company and myself, and I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

I hereby undertake to pay any differences in premium arising from discrepancies in the NCD declared, failing which the policy shall be cancelled by Liberty Insurance.

VII Mode of Payment

Premium payable (including GST): S\$ _____

Cash Cheque (Bank _____ Cheque No _____)

Visa Master Card Expiry Date _____

Cardholder's Name _____

I hereby authorise **LIBERTY INSURANCE PTE LTD** to debit my Credit Card account specified above.

Date _____ Signature of Proposer _____

For Official Use:

Our Comprehensive cover for Private Vehicles offers the following benefits:

ENHANCED COVERAGE FOR YOU

- **\$520,000 Personal Accident Cover** for you while driving your car
- **\$5300 Medical Expenses Reimbursement** per accident for you, authorized driver and passengers
- **Legal Liability of Passengers for Acts of Negligence**

ENHANCED COVERAGE FOR YOUR CAR

- **Unlimited Windscreen Cover** for 1st windscreen damage without affecting your No Claim Discount (NCD)
- **Cover for Flood, Windstorm or Other Convolutions of Nature**
- **Cover for Strike, Riot and Civil Commotion**
- **\$5300 Towing Expense** if your car is immobilized as a result of a motor accident



Liberty InsuranceTM

Member of Liberty Mutual Group

Liberty Insurance Pte Ltd

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Free 24-hour access to

Liberty Auto Assistance: 6338 0990

(Applicable to all types of vehicles)

Intermediary:

