

Proposal Form – Commercial Vehicle

Please complete all sections to facilitate the processing of your application.

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.

Name of Producer & Producer Code:	_____
Reference No:	_____

Particulars of Proposer/Company

Name of Proposer/Company:		NRIC/FIN No.:
_____		_____
Mailing Address:		
_____		Postal Code ()
Business Registration No.:	Occupation:	Nature of Business:
_____	_____	_____
Contact No.:	Date of Birth:	Gender:
_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Email:		Nationality:
_____		_____
Period of Insurance:		Years of Driving Experience:
From _____ To _____		_____
Marital Status:	How often do you drive to West Malaysia?	
<input type="checkbox"/> Married	<input type="checkbox"/> Never	
<input type="checkbox"/> Single	<input type="checkbox"/> 12 times or less per year	
<input type="checkbox"/> Divorced/Widowed	<input type="checkbox"/> More than 12 times a year	

Particulars of Additional Driver(s)

Name of Driver(s)	NRIC/FIN No.	Date of Birth	Gender	Relationship to the Proposer	Any Claims in past 3 years	Years of Driving Experience	Occupation
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		



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Name of Driver(s)	NRIC/FIN No.	Date of Birth	Gender	Relationship to the Proposer	Any Claims in past 3 years	Years of Driving Experience	Occupation
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		

Details of Claims (past 3 years claims)

Date	Total Claim Amount	Description
	S\$	
	S\$	
	S\$	

Details of Vehicle

Brand New Vehicle: <input type="checkbox"/> No <input type="checkbox"/> Yes	Registration No.: _____	Make and Model: _____
Laden Weight (A): _____	Unladen Weight (B): _____	Tonnage [(A-B)/1016]: _____
Type of Body: _____	Chassis No.: _____	Engine No.: _____
Year of Manufacture/Year of Registration: _____	Parallel Import: <input type="checkbox"/> No <input type="checkbox"/> Yes	Turbo Engine: <input type="checkbox"/> No <input type="checkbox"/> Yes
Usage of Vehicle: <input type="checkbox"/> Business <input type="checkbox"/> Hire & Reward <input type="checkbox"/> Private	Name of Finance Company: _____	
No. of Seats: _____	No Claim Discount (NCD): _____	Current Vehicle for NCD Transfer: _____
Current Insurance Company: _____	Date of Current Policy Expiry/Cancellation: _____	NCD Protector (Additional premium is applicable): <input type="checkbox"/> No <input type="checkbox"/> Yes
If NCD is 'NIL', please provide reasons: <input type="checkbox"/> First time buying a vehicle <input type="checkbox"/> 2 nd or 3 rd vehicle <input type="checkbox"/> Have been driving other's vehicle <input type="checkbox"/> Other reasons		Reasons if NCD is NIL: _____
Any Modification/Accessories (If "yes", please provide details): _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the vehicle used to carry passengers who are not the employees of the Insured?		<input type="checkbox"/> No <input type="checkbox"/> Yes



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Name of Proposer/Company: _____		
No. of Trailers attached: _____	Additional coverage required: <input type="checkbox"/> Airside <input type="checkbox"/> Flood & windstorm, Strike & Riot Commotion <input type="checkbox"/> Others	Please specify if you choose "Others" under Additional coverage: _____
Will the vehicle be used for:		
<input type="checkbox"/> Carriage of goods (Other than samples) in connection with own business but not for hire or reward <input type="checkbox"/> Carriage of goods for hire or reward <input type="checkbox"/> Carriage of passengers for hire or reward <input type="checkbox"/> Other Purposes		
Please specify if you choose "Others" under Use of Vehicle: _____		

Type of Coverage

<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third-party, Fire & Theft	<input type="checkbox"/> Third-party only
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Other Information

Have you or your Named Driver(s):		
a) Been convicted of any motoring offences (other than parking) in the last 3 years or have prosecutions pending?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
b) Been given demerit points for traffic offences? If Yes, please provide	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name of Driver: _____	Total demerit points accumulated during last 24 months: _____	Date & Type of Offence: _____
c) Have you suffered from defective vision or hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity that could impair the ability to drive?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
d) Been refused motor insurance at any time or subjected to special conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
e) Do you have any insurance terminated in the last 12 months due to breach of any premium payment conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
f) Have you ever had been identified as unfit to drive in any Medical Examination for Driving License in the past?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If any of the above answers are 'yes', please provide details: _____ _____		

Mode of Payment

Total annual premium including prevailing GST (7%):	S\$ _____
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Proposal Form – Commercial Vehicle

Name of Proposer/Company: _____

AXS Online/AXS Stations¹

Cheque²

Bank: _____

Cheque No.: _____

Upon making payment, kindly email to accountsreceivable@libertyinsurance.com.sg with payment details.

¹ Please select Liberty Insurance as billing organisation and enter the policyholder name and contact number.

² Please cross your cheque & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product at the back of your cheque.

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company
- Unless exempted, any employer who fails to insure himself in accordance with the Work Injury Compensation Act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding S\$10,000 or to imprisonment for a term not exceeding one year or to both
- The Insured will be deemed to be his own insurer to the extent of the shortfall in the total number of employees and/or Total Annual Wages declared, and shall bear a rateable proportion of the liability accordingly
- The information pertaining to Work Injury Compensation insurance declared in this form may be made known to the Ministry of Manpower as and when required

PREMIUM PAYMENT WARRANTY (CORPORATE)

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 of the 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 SECTION

I, the Proposer, declare and warrant that:

- a) All information provided by me/us in connection with this application are true, accurate and complete
- b) I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- c) I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- d) If I do not fully and faithfully give the facts as I know them or ought to know them, I may receive nothing from the policy
- e) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- f) I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at www.libertyinsurance.com.sg/data-protection-policy, both now & in advance as it may be amended from time to time
- g) I/We undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be cancelled by the Company

IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a strict liability basis, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc

Please attach the quotation obtained from Liberty Insurance and submit together with the Proposal Form.

Date

Signatory of Proposer

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 us (servicecenter@libertyinsurance.com.sg) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

