

## Private Motor Application Form

The Insurance Act: In this Application Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect of the risk that is being proposed; otherwise, the Policy issued hereunder may be void.

\*Delete or tick  where applicable.

### (A) Particulars of Applicant

Name Mr/Mrs/Ms/Mdm/Dr\* \_\_\_\_\_ Gender  Male  Female  
 (Name as in your NRIC/FIN/Passport. Please underline surname.)

Residential Address \_\_\_\_\_ Postal Code \_\_\_\_\_

If your mailing address above is different from the existing record with MSIG (if any), would you like to update all your existing policies with the new mailing address?  Yes  No

NRIC/FIN/Passport/Unique Entity (UEN) No \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Please provide NRIC No. if Applicant is a Singaporean/PR)

Nationality  Singaporean  Permanent Resident  Others \_\_\_\_\_ Marital Status  Single  Married  Others  
 (please specify)

Tel \_\_\_\_\_ (Home) \_\_\_\_\_ (HP) Email \_\_\_\_\_

Occupation \_\_\_\_\_  Mainly indoor  Mainly outdoor Name of Employer \_\_\_\_\_

Is the Applicant driving the vehicle?  Yes  No Date driving licence obtained \_\_\_\_\_ Demerit Points\* (past 24 months) \_\_\_\_\_

### (B) Particulars of Drivers Other than the Applicant

Note: An additional Young and/or Inexperienced Driver Excess of \$3,000 applies for any person (other than Policyholder) who is 26 years of age or below and/or has held a valid driving licence for 2 years or less.

Name of Driver	Gender	Date of Birth	NRIC/FIN/ Passport No	Marital Status	Occupation	Relationship to Applicant	Date driving licence obtained (dd/mm/yy)	Demerit points* (past 24 months)
					mainly: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			
					mainly: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			

\* MSIG reserves the rights to verify the Demerit Points with the relevant authority.

### (C) Details of Vehicle

Registration No. \_\_\_\_\_ Make/Model \_\_\_\_\_ Year of Registration \_\_\_\_\_

Engine No. \_\_\_\_\_ Chassis No. \_\_\_\_\_ Engine Capacity (cc) \_\_\_\_\_

Year of Manufacture \_\_\_\_\_ Seating Capacity (including driver) \_\_\_\_\_

Off-Peak Car  Yes  No Parallel Imported?  Yes  No Fuel used  Petrol  CNG  Hybrid  Diesel

Name & Address of Finance Company/Bank (if applicable) \_\_\_\_\_

Has your car been modified/alterd from the original manufacturer's specifications?  No  Yes (please specify) \_\_\_\_\_

### (D) Details of Cover Required

Period of Insurance From \_\_\_\_\_ to \_\_\_\_\_

Coverage  Comprehensive  Third Party Fire & Theft  Third Party  MotorMax  MotorMax Plus **Insuring COE/PARF?**  Yes  No  
 please select choice of plan below:

Cover for non factory-fitted accessories  No  Yes. An additional Premium is required. Please tick or provide details and value below:  
 Sport Rims  Sun Roof  Body Kit  CNG  Others (please specify) \_\_\_\_\_

### (E) No Claim Discount

NCD Entitlement  0%  10%  20%  30%  40%  50%

Is NCD to be transferred from your current/previous insurer?  Yes  No Insurer/ Policy No./ Vehicle No. \_\_\_\_\_

NCD Protector (Applicable to holders of 50% NCD)  No  Yes (An additional Premium is required)

Important note:

I undertake to pay any difference in the premium under the policy issued by MSIG if I am not entitled to NCD or my NCD entitlement from my previous insurer is lower than what is stated here.

## (F) Insurance History

- a) Has any insurance company at any time in respect of the motor insurance (new or renewal) in your name or in the name of any other person who, to your knowledge, will drive the vehicle:-
- i) Declined any proposal for motor insurance?  No  Yes
  - ii) Cancelled any motor insurance policy?  No  Yes
  - iii) Refused to renew any motor insurance policy?  No  Yes
  - iv) Imposed other special terms on your motor insurance?  No  Yes, please provide details \_\_\_\_\_
- b) Have you or any other driver had any motor accidents in the last 3 years?  No  Yes  
If yes, please provide details below, or on a separate sheet if the space is insufficient.

Date of Accident	Name of Driver	Details of Accident	Claim Amount	
			Own Damage	Third Party Claim

- c) Have you or has any person whom to your knowledge will drive, been convicted of any offence in connection with any motor vehicle or had their driving licence endorsed or suspended?  No  Yes, please provide details \_\_\_\_\_
- d) Is there any Police prosecution pending against you or any other driver (other than parking offences)?  No  Yes, please provide details \_\_\_\_\_

## (G) Premium Payment

- Cash  I enclose my cheque no. \_\_\_\_\_ for S\$ \_\_\_\_\_ payable to "MSIG Insurance (Singapore) Pte. Ltd."
- Please charge S\$ \_\_\_\_\_ to my Visa/MasterCard Credit Card\* no     -     -     -
- Name of Bank \_\_\_\_\_ Name on Credit Card \_\_\_\_\_ Card Expiry Date   /
- \*Note: Credit card payment is acceptable for personal application only*
- This credit card  belongs to the Insured  belongs to someone other than the Insured
- Please state relationship to Insured \_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

## (H) Preference For Receiving Updates (Please mark one box)

- Yes, I agree to receive updates from MSIG on insurance products and promotions via SMS and/or phone calls.
- No, I do not wish to receive updates from MSIG on insurance products and promotions via SMS and/or phone calls.

## (I) Declaration

I want to effect the insurance specified here and declare that:

- i) the above mentioned Motor Vehicle is and will be kept in road worthy condition.
- ii) the above mentioned Motor Vehicle is used only for social, domestic and pleasure purpose and for the Applicant's business.
- iii) I and the authorised driver/named driver possess valid driving licence(s) and have not been disqualified from holding or obtaining such driving licence(s).
- iv) I warrant that the information given and answers to questions on this Application are true and correct to the best of my knowledge and I have not withheld any facts likely to influence MSIG Insurance (Singapore) Pte. Ltd.'s assessment of this Application.
- v) I agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the Policy and as modified or extended and agree that this Application, Declaration and any other information provided shall form the basis of the contract.
- vi) I understand this Application will be subject to the approval and acceptance by MSIG Insurance (Singapore) Pte. Ltd. and the premium fully paid and received by the Company before cover can be effected.
- vii) I understand and accept that my personal particulars will be collected, used and disclosed by MSIG in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy Policy, for the provision of all services related to, and protection under, this insurance policy, including for proper servicing, underwriting and claims administration. MSIG may disclose my personal particulars to its business partners and third party service providers for these purposes. MSIG may also send me marketing mailers by post or emails. Where there are more than one individual insured persons, I confirm they have consented to MSIG's collection, use and disclosure of their personal particulars. The full MSIG's Privacy Policy can be found at [www.msig.com.sg](http://www.msig.com.sg).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Broker Stamp

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation. For more information on the scheme, please visit [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)

This document is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the policy and will be sent to you upon acceptance of your application by MSIG Insurance (Singapore) Pte. Ltd.