



Chartis Singapore Insurance Pte. Ltd.
CHARTIS Building
78 Shenton Way
#07-16
Singapore 079120
www.chartisinsurance.com.sg
Co. Reg. No. 201009404M

Commercial AutoPlus
PROPOSAL FORM

THIS INSURANCE WILL NOT BE VALID IF YOU DO NOT:

- Complete all the fields in the Proposal Form
- Declare truthfully
- Sign on the Proposal Form

OTHER IMPORTANT NOTES:

- Statement pursuant to the Insurance Act or any amendments thereof: 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 may be void.
- An Elderly, Young and/or Inexperienced Driver Excess (EYIDR) of S\$3,000 in addition to the Policy Excess applies to You or an Authorised Driver (Named and Un-named) who is above the age of 65, below the age of 23 (if applicable) and/or has less than 2 years' driving experience.
- If the vehicle you are purchasing is registered under company's name, please endorse with the company's stamp on the Proposal Form.
- Kindly attach payment with Proposal Form.
- This product is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation(SDIC). Coverage for your policy is automatic. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please visit the Chartis, GIA or SDIC websites (www.chartisinsurance.com.sg or www.gia.org.sg or www.sdic.org.sg).

COMMERCIAL AUTOPLUS PROPOSAL FORM (For commercial vehicles only)

www.chartisinsurance.com.sg



Limitations as to use: This policy does not cover if your Vehicle is used for hire or reward; for racing, pace making, reliability trial or speed testing; or when drawing a trailer, except if towing a single disabled vehicle.	Producer Name: _____ Contact No.: _____
	Producer Code/SubCode: _____ Policy Reference No.: _____

ABOUT THE PROPOSER (FOR VEHICLE REGISTERED OWNER ONLY)

Name	_____	ROC No./NRIC/Passport*	_____								
Address	(Block/House No) _____ (Level-Unit No) _____	IF INSURED IS NOT A COMMERCIAL ENTITY, COMPLETE THE FOLLOWING: Date of Birth: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others (Please specify no. of years in Singapore) _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (please specify) _____ Driving Exp: _____ (Yrs) _____ (Mths) Job Nature: <input type="checkbox"/> Mostly Indoor <input type="checkbox"/> Mostly Outdoor Physical Impairment (if any): _____		D	D	M	M	Y	Y	Y	Y
	D			D	M	M	Y	Y	Y	Y	
	(Street Name) _____										
	(Building Name) _____										
(Singapore) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Contact Details	(Mobile) _____ (Office) _____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female								
	(Residential) _____ (Fax) _____	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (please specify) _____								
	(Email) _____	Driving Exp	_____ (Yrs) _____ (Mths)								
Type of Business/Trade	_____	Job Nature	<input type="checkbox"/> Mostly Indoor <input type="checkbox"/> Mostly Outdoor								
Nature of Business	_____	Physical Impairment (if any)	_____								

* Delete where applicable.

DECLARATIONS

Please tick (v) below where applicable. Otherwise, declarations will be taken as 'NO'.

At fault claims experience in past 3 years (please provide details below)

Date of accident (dd/mm/yy)	Description of accident	Amount of claim (\$)	Type of claim (Own Damage/Third Party/Theft/Bodily Injury)

NCD (%) _____ (If NCD is nil or 10% with no claims experience, please provide the reason below)

First time owner 2nd or 3rd vehicle Have been driving company's/relatives' vehicles Others (please specify) _____

Is NCD to be transferred from existing/previous insurer? Yes (pls provide details below and arrange to effect a cancellation of your cover with your existing insurer in order for the declared NCD to be applied from the inception of this risk proposed.)

Previous Insurer: _____ Registration No: _____

Policy No: _____ Expiry/Cancellation Date: _____

REVOKED AND ENDORSED LICENCE

Record of revoked/endorsed driving licence Date revoked _____ Reason: _____

Duration of revoked licence _____ Alcohol limit _____ mg/breath or _____ mg/blood

Any accident when the licence was revoked? Yes No NCD before the licence was revoked _____

Driving experience before the licence was revoked _____

ABOUT THE VEHICLE

Period of Insurance	From	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	to midnight of	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Type of Coverage	Comprehensive
D	D	M	M	Y	Y													
D	D	M	M	Y	Y													
Make & Model	_____				Engine Capacity/Tonnage	_____	Body Type	_____										
Engine No	_____				Registration No	_____	Year of Registration	_____										
Chassis No	_____				Seating Capacity	_____												
Hire Purchase Co	_____																	
Vehicle Usage	Would vehicle be used to carry: <input type="checkbox"/> Own Goods <input type="checkbox"/> Own Passenger(s) <input type="checkbox"/> Passenger(s) on the cargo deck who are not employee(s) of the insured <input type="checkbox"/> For Hire or Reward to carry goods and/or passengers <input type="checkbox"/> Third Party Goods (pls specify): _____ Are goods carried flammable, corrosive or explosive in nature? <input type="checkbox"/> No <input type="checkbox"/> Yes (pls specify): _____																	

PLPF301-04/11

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OTHER POLICY BENEFIT OPTIONS (ADDITIONAL PREMIUM APPLIES)

The following additional benefits applicable to Comprehensive Cover can be purchased by paying additional premium.

Additional benefits	Premium (\$S)
<input type="checkbox"/> Additional equipment or fixtures on the vehicle: <input type="checkbox"/> Tailgate <input type="checkbox"/> Freezer <input type="checkbox"/> Hood <input type="checkbox"/> Others† (pls specify): _____ (Premium is calculated at 2.5% of the Sum Insured) Sum Insured (round up to the nearest '000): _____ Make of Model (if applicable): _____ (pls provide receipt)	
TOTAL ADDITIONAL PREMIUM (before GST)	

† Refer to Chartis underwriter for premium calculation.

PAYMENT MODE [Please tick (v) and circle accordingly]

Cash Cheque Please make cheque payable to: **Chartis Singapore Insurance Pte. Ltd.** Bank: _____ Cheque No: _____

Credit Card (MasterCard / Visa / American Express)
 I/We hereby authorise Chartis Singapore Insurance Pte. Ltd. (Chartis) to charge the stated annual premium to the following credit card. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.

Full Annual Payment 12 Monthly 0% Interest Installments with DBS¹ / POSB/ UOB² credit card¹
 6 Monthly 0% Interest Installments with DBS¹ / POSB/ UOB² credit card¹

Name as on card: _____

Card No: _____ - _____ - _____ - _____ Card Expiry Date:

M	M	Y	Y
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(If you are an American Express Cardholder, please fill up your card number from the second box)
¹ Not applicable for DBS Corporate Cards/ DBS AMEX Credit Cards/ Black Cards
² For UOB 0% installment plan (IP), an administrative fee of S\$100 is payable in the event of premature cancellation or termination of the IP and/or credit card account. Amount:

\$S

¹ Subject to the bank's Card Agreement Terms & Conditions

IMPORTANT NOTICE TO PROPOSER

This is an authorised workshop scheme which requires all repairs to be done at the Chartis Authorised Workshops listed in the Certificate of Insurance. For vehicle less than 3 years old, you have the option to have accident repairs done at the Sole Agent's Workshop.

An Elderly, Young and/or Inexperienced Driver Excess (EYIDR) of S\$3,000 in addition to the Policy Excess applies to You or an Authorised Driver (Named and Un-named) who is above the age of 65, below the age of 23 (if applicable) and/or has less than 2 years' driving experience.

If this proposal is accepted or when the cover commences, it is a fundamental and absolute Special Condition of this contract of insurance that for individually-owned policies, the premium due must be paid to the insurer/broker/agent before the inception of the cover.

No insurance is in force until premiums are received and the Policy is issued by Chartis Singapore Insurance Pte. Ltd. This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.

ACKNOWLEDGEMENT AND DECLARATION

I/We declare

- That in respect of any of the risks incurred, no circumstances exists which renders such risks abnormal.
- That the above particulars to be true and correct and I/we agree that my/our warranties, declarations and disclosures herein shall form the basis of the contract between Chartis Singapore Insurance Pte. Ltd. (Chartis) and myself/ourselves.
- And agree on behalf of myself/ourselves and any person(s), firm or corporation, that any information collected or held by Chartis (whether contained in this Proposal Form or otherwise obtained) may be used and disclosed by Chartis, its associated individuals/companies or any independent third parties (within or outside Singapore) for any matter relating to this Proposal Form, any Policy issued and to provide advice or information concerning products and services which Chartis believes may be of interest to me/us, and to communicate with me/us for any purpose.
- That I/we understand that Chartis will verify the NCD with my/our existing/ex-insurer on the declared NCD entitlement. Unless otherwise require to do so by Chartis, I/we hereby undertake to pay any difference in the premium amount owing which may arise in the event of a discrepancy between the NCD provided by my/our existing/ex-insurer and the declared figure by me/us, failing which the Policy shall cease to be in force either upon the expiry of any notice which Chartis may give for the purpose of cancelling the Policy or if no such notice is given, upon the expiry of such reduced period of coverage as the Proposer is ratably entitled to having regard to the portion that the premium paid bears to the premium properly payable.
- That I am/we are ordinarily resident(s) in Singapore as defined by the Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010.
- That I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and/or any information material relating to this insurance product.

Signature: _____ Company Stamp (if applicable): _____

Name of Proposer: _____ Date: _____

PREMIUM DETAILS (FOR OFFICIAL USE)

Basic Premium:	\$S	<table border="1"><tr><td> </td></tr></table>		GST:	\$S	<table border="1"><tr><td> </td></tr></table>	
Less: _____ % No Claim Discount	\$S	<table border="1"><tr><td> </td></tr></table>		Total Premium Payable:	\$S	<table border="1"><tr><td> </td></tr></table>	
Less: Off-Peak Car Discount	\$S	<table border="1"><tr><td> </td></tr></table>		Excess:	\$S	<table border="1"><tr><td> </td></tr></table>	
Add: Fixtures and Accessories	\$S	<table border="1"><tr><td> </td></tr></table>					
Add: Others	\$S	<table border="1"><tr><td> </td></tr></table>					

Customer's Copy

FOR OFFICIAL USE

Chartis - Underwriter	Chartis - CSG
Signature & Date	Signature & Date

This insurance is underwritten by Chartis Singapore Insurance Pte. Ltd.