

**HIGH VALUE / COUPE / SPORTS CAR PROPOSAL FORM
(FOR NAMED DRIVERS POLICY)**



Statement Pursuant to Section 25(5) of the Insurance Act (Cap 142) (or any subsequent Amendments thereof). You are to disclose in this Proposal Form, fully and faithfully, all facts which you know or ought to know in respect of the risk that is being proposed, otherwise the policy issued hereunder may be void.

| | | | |
|------|----------------------|--------|-----------|
| From | Account Code | Tel No | 6419 3000 |
| | Producer Contact No. | Fax No | 6415 3723 |

ABOUT THE INSURED

| | | | |
|--|--|--|---|
| Name | NRIC | Nationality | <input type="checkbox"/> Singaporean <input type="checkbox"/> Others: |
| Residential Address | Date of birth | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Tel No | Driving Exp (yrs) | Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Single |
| Type of Residence : <input type="checkbox"/> Bungalow <input type="checkbox"/> Semi-detached/Terrace <input type="checkbox"/> Condominium <input type="checkbox"/> HDB Apartment <input type="checkbox"/> Others (Please specify) : | Experience Driving Such High Value/High Performance Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, pls state the model | Occupation | |
| Is the address also place of garage ? If no, please state the garage address | Job Nature | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | |
| Record of revoked/endorsed driving licence <input type="checkbox"/> Yes <input type="checkbox"/> No | Physical Impairment ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Claims Experience (last 3 years) <input type="checkbox"/> Yes <input type="checkbox"/> No | Any property owned in Malaysia? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If answer is "YES" to any of the above, please provide further details | | How often do you drive to West Malaysia ? <input type="checkbox"/> Weekly or more <input type="checkbox"/> Once a month or less <input type="checkbox"/> NA | |

ABOUT THE NAMED DRIVER(S)

Would the vehicle be driven by any persons other than the Insured? Yes No, please give details of all the regular drivers who will use the vehicle

| Driver Name | Marital Status | Age | Driving Exp | History of revoked driving licence | Claim Experience | Experience in Driving High Value/High Performance Vehicle | Occupation | Relationship |
|-------------|----------------|-----|-------------|------------------------------------|------------------|---|------------|--------------|
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, pls state the model | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, pls state the model | | |

ABOUT THE VEHICLE (Please provide a copy log card)

| | |
|--|--|
| Coverage | <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire and Theft <input type="checkbox"/> Third Party Only |
| Period of Insurance | From _____ To midnight _____ |
| Make and Model | Registration No _____ MARKET VALUE _____ |
| Engine Capacity | OMV _____ COE VALUE _____ |
| Body Type | <input type="checkbox"/> Saloon <input type="checkbox"/> Coupe <input type="checkbox"/> Others : _____ |
| NCD on renewal | % Seating Capacity _____ |
| If NCD is nil or 10% with no claims | <input type="checkbox"/> First time buying a vehicle <input type="checkbox"/> 2 nd or 3 rd vehicle |
| Experience, please provide details | <input type="checkbox"/> Have been driving Company/relative's vehicle <input type="checkbox"/> Others |
| Vehicle Usage | <input type="checkbox"/> Social domestic and pleasure purposes <input type="checkbox"/> To and from work <input type="checkbox"/> Business of Insured, Insured's Employer or Partner <input type="checkbox"/> Hire or Reward |
| Previous Insurer | Vehicle No : _____ Policy No : _____ Expiry/Cancel Date : _____ |
| Car Alarm in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", what type/brand : _____ |
| AT PLACE OF RESIDENCE | AT PLACE OF WORK |
| HOW IS THE CAR PARKED ? <input type="checkbox"/> Private Lot (Covered) <input type="checkbox"/> Private Lot (Open) <input type="checkbox"/> Public Lot <input type="checkbox"/> Others (Please specify) : | HOW IS THE CAR PARKED ? <input type="checkbox"/> Private Lot (Covered) <input type="checkbox"/> Private Lot (Open) <input type="checkbox"/> Public Lot <input type="checkbox"/> Others (Please specify) : |
| AT PLACE OF RESIDENCE | AT PLACE OF WORK |
| WHAT SECURITY SYSTEM IS IN PLACE? <input type="checkbox"/> Fences <input type="checkbox"/> Locks <input type="checkbox"/> Control Access Gates <input type="checkbox"/> 24-hrs security guard <input type="checkbox"/> Others (Please specify) : | WHAT SECURITY SYSTEM IS IN PLACE? <input type="checkbox"/> Fences <input type="checkbox"/> Locks <input type="checkbox"/> Control Access Gates <input type="checkbox"/> 24-hrs security guard <input type="checkbox"/> Others (Please specify) : |

Any other vehicles insured with Chartis? Yes No If Yes, please provide Vehicle No. _____
 How many Vehicles not insured with Chartis?(Please provide the Make and Model of the vehicles) _____
 Any other property insurance insured with Chartis? Yes No If Yes, please provide details _____

DECLARATION

I hereby declare the above-mentioned Motor Vehicle is and will be kept in good condition and I do hereby warrant the truth of the particulars and answers given herein and I have withheld no information whatever that might tend in any way to increase the Company's risk or to influence the decision of the Company regarding this Proposal. I agree to accept a policy subject to the provisions and conditions of such policy. I agree that this Proposal and declaration shall be the basis of the contract between me and the Company.

Date _____ Signature of Proposer _____

IMPORTANT NOTICE TO PROPOSER

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 date of the cover. No insurance is in force until the 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.