

To		Date of submission	
From		Account Code	
		Producer Contact No.	

	Head Office	Alexandra	Changi
Tel No	6419 3000	6373 8023	6340 0438
Fax No	6415 3723	6276 4846	6348 2790

Proposal form for Motor Fleet Quotation

Profile

Name of proposer: _____

Nature of the business: _____

How long they have been in business _____

No Claim Bonus/ Fleet Discount (if any) _____ %

Current Insurer _____

Current Policy Period: _____

Please answer the following questions only if vehicles are used for rental purposes

Type of rental: Long Term (>1 year) Short Term

If a combination of both, what is the percentage each: Long Term (>1 year) _____ % Short Term _____ %

Any risks management/claims control measures in place

Please provide information if there are any age/driving experience restriction for the hirer/ driver under the contract

Age: _____ Driving experience: _____

Claims

Please attach the claims experience for the last three years with the following format:

Date of Accident	Vehicle number	Previous insurer	Claims Description	Own Damage		Third Party Property Damage		Bodily Injuries	
				Paid (\$)	Reserve (\$)	Paid (\$)	Reserve (\$)	Paid (\$)	Reserve (\$)

Vehicle

Please attach the list of the vehicles with the following information:

Make & Model	
Market Value	
Registration Number	
Engine Capacity/ Tonnage	
Original Year of registration	
Body Type	<input type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> Coupe <input type="checkbox"/> Sports <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Pick up <input type="checkbox"/> Others (Please specify): _____
Total No. of vehicles owned for the last three years	2009: _____ 2008 : _____ 2007 : _____
Usage of the vehicle	<input type="checkbox"/> Social domestic and pleasurable purpose <input type="checkbox"/> To and from work <input type="checkbox"/> Commercial usage
For commercial vehicles, would the vehicles be used to carry	<input type="checkbox"/> Own goods <input type="checkbox"/> Own & Third party's good <input type="checkbox"/> Own Passengers <input type="checkbox"/> For hire or rewards to carry goods and/or passengers
Are the goods flammable, corrosive or explosive in nature?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify goods to be carried: _____)

Coverage

Scope of Cover: Comprehensive Third Party Fire& Theft Third Party only

Types of plan: AutoPlan (any workshop) AutoPlus (Chartis authorized workshop only)

Any particular workshop you are engaging for vehicle repairs, if yes, please specify the workshop

What is the territorial limit? Singapore only Outside Singapore (within geographical limit)

Note: Please provide a copy of the Leasing Agreement.

Important Notice to Proposer

This document is not a contract of insurance. The specific terms, conditions and exclusions applicable to the insurance are set out in the Policy. No insurance is in force until the Company had accepted this Proposal.

Declaration

I hereby declare the above mentioned Motor vehicles are 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
