

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 under 27 years old 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. _____ Year of Manufacture _____

Engine Capacity (cc) (*Not applicable for Full Electric vehicle) _____ Seating Capacity (including driver) _____

Off-Peak Car ☐ Yes ☐ No Parallel Imported? ☐ Yes ☐ No Fuel used ☐ Petrol ☐ Full Electric ☐ 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:

Excess Waiver ☐ Yes ☐ No

Cover for non factory-fitted accessories ☐ Yes ☐ No (Please tick or provide details and value below)

☐ Sport Rims ☐ Sun Roof ☐ Body Kit ☐ Solar Film ☐ 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 30% NCD or higher) ☐ Yes ☐ No

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.
An additional premium is required if Excess Waiver optional benefit, Cover for non factory-fitted accessories or NCD Protector is selected.

(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

Please charge S\$ _____ to my Visa/MasterCard Credit Card* no - - -

Name of Bank _____ Name on Credit Card _____ Card Expiry Date /
m m y y y y

Note: Credit card payment is acceptable for personal application only. Please refer to the terms and conditions relating to cancellation and refund of this policy at msig.com.sg

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 & Cookies 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 also send me marketing mailers by post or emails. MSIG may disclose my personal particulars to its business partners and third party service providers for these purposes. 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. Please refer to the full MSIG's Privacy & Cookies Policy for more information.

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 or 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.