

## MOTOR PROPOSAL FORM (COMMERCIALVEHICLE)

### IMPORTANT NOTICE

1. Pursuant to section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you must tell us (ECICS Ltd) in this Proposal Form fully and faithfully all facts which you know, or ought to know. Otherwise, you may receive nothing from the Policy.
2. Our liability in respect of this proposal does not commence until acceptance has been communicated by us to you.
3. Please note that this insurance is subject to the premium being paid and received in full by the Company before the inception date where the Policy is to be issued to an individual; failing which there will be no liability under this cover .
4. Coverage is void if the vehicle does not have a valid Certificate of Entitlement.
5. You must answer all the questions in this Proposal Form. Any questions not answered will be taken as answered in the negative.

Please state the type of insurance required: ☐ COMPREHENSIVE ☐ FIRE & THEFT ☐ THIRD PARTY

Intermediary Name: AUTOSHIELD PTE LTD Intermediary Code: A0000064

### DETAILS OF PROPOSER

Name: \_\_\_\_\_ Company Reg No: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number \_\_\_\_\_ (O) \_\_\_\_\_ (H) \_\_\_\_\_ (Hp) Email: \_\_\_\_\_

Business: \_\_\_\_\_

### DETAILS OF INSURANCE COVER

Type: ☐ New ☐ Used ☐ Van ☐ Pick Up ☐ Refrigerated Vehicle ☐ Lorry

Make and Model: \_\_\_\_\_ Registration No: \_\_\_\_\_

Engine No: \_\_\_\_\_

Chassis No: \_\_\_\_\_ Tonnage \_\_\_\_\_

Original registration date (dd/mm/yyyy): \_\_\_\_\_ Seating capacity (including driver): \_\_\_\_\_

Usage: ☐ Private ☐ Company ☐ Others (give details): \_\_\_\_\_ Name of finance company \_\_\_\_\_

Period (dd/mm/yyyy) From: \_\_\_\_\_ To \_\_\_\_\_ (To coincide with Road Tax expiry date if possible)

No-claim discount (NCD) entitlement: \_\_\_\_\_%

Please provide the details below for us to confirm your entitlement to a no-claim discount.

Previous insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

(I will pay any difference in the premium due under the policy issued by ECICS if my previous insurer says that I am not entitled to NCD or that my NCD entitlement is lower than what is given here).

## DETAILS OF NAMED DRIVERS

|  |  |
|--|--|
| 1. Name as shown in NRIC: _____  | Name as shown in NRIC: _____   |
| NRIC: _____  | NRIC: _____  |
| Date of birth (dd/mm/yyyy) : _____   | Date of birth (dd/mm/yyyy) : _____   |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female                   | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female                   |
| Is your occupation <input type="checkbox"/> indoor? <input type="checkbox"/> outdoor | Is your occupation <input type="checkbox"/> indoor? <input type="checkbox"/> outdoor |
| Pass date of driving licence (dd/mm/yy): _____                                       | Pass date of driving licence (dd/mm/yy): _____                                       |
| Relationship to registered owner: _____  | Relationship to registered owner: _____  |

## VEHICLE USAGE

- a) Carriage of goods (other than samples) in connection with own business but not for hire or reward? ☐ Yes ☐ No
- b) Carriage of goods for hire or reward? ☐ Yes ☐ No
- c) Carriage of passengers for hire or reward? ☐ Yes ☐ No
- d) Specify any other purposes for vehicle will be used \_\_\_\_\_
- e) Any Business in West Malaysia? ☐ Yes ☐ No
- f) How often do you drive to Malaysia? ☐ Weekly or more ☐ Once a month or less

## OTHER DETAILS

1. Have you or your named drivers been convicted of any driving offences (not including parking) in the past three years? ☐ Yes ☐ No  
If yes, please give details \_\_\_\_\_
2. Have you or your named drivers been involved in any motor accident in the past three years? ☐ Yes ☐ No  
If yes, please give details below
- | Date of accident | insurance company | Type of claim (own damage or third party property or third party injury) | Amount of claim |
|------------------|-------------------|--|-----------------|
| _____            | _____             | _____  | _____           |
| _____            | _____             | _____  | _____           |
| _____            | _____             | _____  | _____           |
3. Have you suffered from defective vision or hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity that could impair the ability to drive? ☐ Yes ☐ No
4. Been refused motor insurance at any time or subjected to special conditions in a motor insurance policy? ☐ Yes ☐ No
5. Do you have any insurance terminated in the last 12 months due to breach of any premium payment conditions? ☐ Yes ☐ No
6. Have you ever been identified as unfit to drive in any medical examination for the purposes of obtaining, holding, and/or renewing of a driving license in the past? ☐ Yes ☐ No

If any of the above answers are "Yes", please provide details: \_\_\_\_\_

7 TEMASEK BOULEVARD #10-03 SUNTEC TOWER ONE SINGAPORE 038987

TEL: 63374779 FAX: 63389267 (Company Registration No: 198901301C)

## **CONSENT FOR USE AND DISCLOSURE OF PERSONAL DATA**

1. To process, administer and/or manage your relationship, account and policy with ECICS Limited ("ECICS"), ECICS will necessarily need to collect, use, disclose and/or process your personal data or personal information about you collected from (i) you in your personal capacity or acting as a personal guarantor, (ii) any person authorized by you, and/or (iii) third parties including Relevant Individuals (defined below).  
Such personal data includes :  
 a) information set out in this form and any other personal information provided by you or possessed by ECICS;  
 b) data and information relating to your no-claim discount; and/or  
 c) data and information relating to your claims; and/or  
 d) (where applicable) data relating to your organization's beneficial owners, partners, directors, officers or authorized signatories, representatives, employees, customers, guarantors, other security providers and any other natural persons related to your organization (collectively the "Relevant Individuals").
  
2. Such personal data will be collected, used, disclosed and/or processed by ECICS for the purpose(s) of :  
 a) processing your application for underwriting and insurance, and considering whether to provide you with the insurance you applied for;  
 b) processing application for underwriting and insurance by a company, organization or entity, in which you have provided a personal guarantee or joint-and-several personal guarantee;  
 c) administering and/or managing your relationship, facility, account, documentation and/or policy with ECICS, whether in your personal capacity or acting as a personal guarantor;  
 d) carrying out due diligence or other screening activities (including identity and background checks) in accordance with legal or regulatory obligations that are required by law or risk management procedures that have been put in place by ECICS;  
 e) conducting checks with the Do No Call Registry administered by the Personal Data Protection Commission, Singapore;  
 f) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to claims, under your policy;  
 g) investigating and preventing fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned;  
 h) recovery of all and any amounts owed or owing to ECICS;  
 i) legal purposes including but not limited to obtaining legal advice and enforcing ECICS' legal rights;  
 j) carrying out your instructions or responding to any enquiry, feedback or complaints by you;  
 k) reinsurance of risks and reinsurance management;  
 l) facilitating any business assignment, transfer, participation or part thereof in any of ECICS' rights and obligations in respect of your relationship with ECICS.  
 m) generating financial, regulatory, management, analytical or other related reports;  
 n) conducting market research and statistical analysis;  
 o) complying with any applicable rules, laws, regulations, codes of practices or guidelines, orders or requests issued by any court, legal or regulatory bodies and agencies, both national and international; and  
 p) any other purposes that are reasonably related or similar to any of the above purposes.  
 (collectively the "Purposes")
  
3. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
  
4. Your personal data collected by ECICS may/will be disclosed to :  
 a) your insurance agents, insurance brokers, other insurance companies or reinsurance companies;  
 b) any related company of ECICS and its director, staff and relevant persons;  
 c) external parties with professional relationship with ECICS including auditors and solicitors;  
 d) local or overseas third party service providers or its agents as such third party service providers or agents whose services would be engaged by ECICS to process your personal data, such as printing, courier, data processing, marketing and research, disaster recovery and others;  
 e) parties engaged by ECICS for assistance in dispute resolution or investigation and adjudication of claims;  
 f) banks and other financial institutions, credit information bureaus, credit rating agencies and debt collection agencies;  
 g) any assignee or transferee of all or any part of the business and/or asset of ECICS or participant or sub-participant of ECICS' rights or obligations in respect of any of your facility, account or policy;  
 h) any party giving a guarantee or third party security or guarantee or any party connected to your facility, account or policy; and  
 i) local or overseas regulatory, government and law enforcement bodies and persons authorized by such bodies.
  
5. By signing below, you :  
 a) consent to ECICS collecting, using, disclosing and/or processing your personal data for the Purposes as described above;  
 b) consent to ECICS collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;  
 c) consent to ECICS disclosing or transferring your personal data to our third party service providers or agents (whether in Singapore or outside of Singapore), for the Purposes as described above;  
 d) by providing personal data relating to Relevant Individuals and/or a third party (such as your dependents, spouse, children and parents) to ECICS, you represent and warrant to ECICS that the consent of that Relevant Individual or third party has been obtained for the collection, use and disclosure of the personal data for any or all of the purposes set out in this Notice; and  
 e) represent and warrant that you have read and understood the above provisions.



## DECLARATION

- For the purpose of this proposal, the undersigned being an authorised representative of the Proposer and any other parties to be included for this insurance declare that the statements herein are true, accurate and complete; otherwise the policy issued may be void. ECICS Limited is authorised to make any inquiry in connection with this proposal. Neither the acceptance of this proposal nor the making of any further inquiry will bind ECICS Limited to complete the insurance.
- The information contained in and submitted with this proposal is on file with ECICS Limited and along with the proposal is considered physically attached to the Policy and will become part of it. ECICS Limited has relied upon this proposal and attachments in issuing this Policy. The undersigned authorised representative proposed for this insurance agree that the information contained in and submitted with this proposal is deemed material to the risk assumed by ECICS Limited.
- If the information in this proposal materially changes between the date this proposal is signed and prior to the inception date of the Policy, the proposer will notify ECICS Limited, who may modify or withdraw the quotation and/or revise the terms of the Policy.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

## Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. 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 [www.ECICS.com.sg/FAQ](http://www.ECICS.com.sg/FAQ) or the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg))