

Important Notice To The Proposer(s)

1. Pursuant to Section 25(5) of the Insurance Act (Cap. 142), you must disclose in this Proposal Form fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.
2. No insurance will be in force until the acceptance of this Proposal has been communicated to the Proposer by Allied World Assurance Company, Ltd (Singapore Branch) and payment made before inception of cover.
3. Please refer to your Car Shield® or Car Shield PLUS® policy for full details of your coverage.

- Car Shield® (Any workshop)**

 Car Shield PLUS® (Authorised workshops)
 - Applicable to Comprehensive Cover only

PARTICULARS OF PROPOSER

Use of Vehicle: Social, Domestic and Pleasure Purposes Only Business only Both - What is the % for Business Use %

Is this an "Insured-Not-Driving" policy? Yes No

Name as in NRIC/Passport: Gender: Male Female

NRIC/Passport No: Nationality: Date of Birth (DD/MM/YYYY):

Marital Status: Mailing Address:

Tel No: (H) (O) (Hp) (Fax/Email):

Occupation/Type of Business:

Driving Experience: (YY) (MM) Driving License No: Class: Year Obtained:

PERIOD OF INSURANCE

From: (DD/MM/YYYY) To: (DD/MM/YYYY) Comprehensive Third Party Only Third Party, Fire & Theft

PARTICULARS OF DRIVERS OTHER THAN THE PROPOSER

| Name | NRIC/ Passport No. | Date of Birth (DD/MM/YYYY) | Driving Experience (YY) (MM) | Occupation/Business | Relationship to Proposer | Driving License Class | Year Obtained |
|-------------------------|-----------------------|-------------------------------|------------------------------------|----------------------|-----------------------------|--------------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

PARTICULARS OF THE CAR

Registration No: Make/Model: Is this an Off Peak Car? Yes No

Year of Make: Year of Regn: Engine Capacity: cc Seating Capacity:

Engine No: Chassis No: Engine Type: Turbo Non-Turbo

Car Type: Saloon/Sedan Station Wagon MPV SUV Jeep Coupe/Cabriolet

Others (Pls specify):

Is the car Parallel Import? Yes No Name of Hire Purchase/Finance Co (if any):

Accessories (other than factory fitter): Air Con Radio/Cassette/CD Player Sports Rims Sun Roof Moon Roof

Others (Pls specify):

Has your car been modified/alterd from the original manufacturer's specifications? Yes No

If Yes, please give complete details:

Please indicate your choice to cover Market Value: With COE/PARF Without COE/PARF

Extensions Required (Additional Premium involved): Car Rental Extension NCD Protector

Sun Roof Extension (amount): Moon Roof Extension (amount):

Others (Pls specify):

GENERAL QUESTIONS

(If your answer to question (2) is "Yes", please give full details on a separate piece of paper)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the car used only for social, domestic and pleasure purposes and your business or profession? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you or any drivers stated in this proposal form: | | |
| a. Any physical or mental infirmity or defective hearing or vision (other than defective vision which can be corrected by spectacles or contact lens)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Been involved in any accident in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any traffic convictions (apart from parking fines) in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Had any motor insurance application been declined, cancelled or renewal rejected by any insurance company? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Been given/accumulated demerit points during the last 24 months? | <input type="checkbox"/> | <input type="checkbox"/> |

DETAILS OF PREVIOUS INSURANCE

For the purpose of NCD confirmation, please advise on:

Name of Insurer: Regn No.:
NCD: Policy No.: Expiry Date:

DECLARATION

Please check your proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in your own hand.

I declare to the best of my knowledge and belief that:

- all the answers given in this Proposal are true;
- all materials facts/information affecting the assessment of the risk have been disclosed;
- all persons proposed are in good health and free from any physical defect or infirmity.

I agree that this Proposal and Declaration shall be the basis of the contract between me and Allied World Assurance Company, Ltd (Singapore Branch) and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the Policy. No insurance will be in force until this Proposal has been accepted by Allied World Assurance Company, Ltd (Singapore Branch).

I undertake the car to be insured is and will be kept in a good condition, and will not be driven by anyone who to my knowledge has been refused motor vehicle insurance or continuance thereof. If this proposal was not completed by me personally, I declare also that I have read the completed form carefully and will accept full responsibility for the answers. I agree to give my consent to Allied World Assurance Company, Ltd (Singapore Branch) to verify the information provided in the Proposal with the relevant parties.

I consent to Allied World Assurance Company, Ltd (Singapore Branch) collecting, using, processing and disclosing my personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at www.awac.com/apacretailproducts including disclosing my personal data to Allied World Singapore's third party service providers and agents, transferring personal data outside of Singapore.

I consent to Allied World sending me marketing, promotional or other messages via telephone: Voice call Text message

Please note if you decide you no longer wish to receive offers from us via telephone and/or text message, you can opt out at any time by submitting a request via our website at www.awac.com/apacretailproducts. For further information, please contact our Data Protection Officer via sg.customerservice@awac.com or on (65) 6423 0888.

Signature of Proposer

Date

PAYMENT INSTRUCTION

(Important Notice: Under the GIA Premium Payment Framework – receipt of payment is required before the inception of the Policy.)

BY CHEQUE

I enclose my Cheque/Bank No.

for S\$ crossed and made payable to **Allied World Assurance Company, Ltd**

BY CREDIT CARD

Please charge S\$ to my **Visa/MasterCard*** (*Delete where appropriate)

Please select payment option:

- One time full payment by any bank's **Visa/MasterCard**
 6 Months instalments by **DBS/POSB/UOB Visa/MasterCard only*** (Min amount of S\$500)
 12 Months instalments by **DBS/POSB/UOB Visa/MasterCard only*** (Min amount of S\$500)

*subject to DBS/POSB/UOB Cards' Terms and Conditions. In the event of policy cancellation, please note that the refunds (if any) will be made by Allied World to the Cardholder directly, while the Cardholder will continue to fulfill his/her instalment payments with DBS/POSB/UOB.

Card No.: CVV2 No. (last 3 digits behind Credit Card on the signature panel):

Name of Issuing Bank: Card Expiry Date:

Name of Cardholder/NRIC No.: (if different from insured)

I/We agree to pay the premium according to the mode of payment chosen and I/we hereby authorise Allied World to charge the stated annual premium to the following credit card/bank account. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.

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 contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Signature:

(as on your credit card)

INTERMEDIARY NAME/CODE