

### MOTOR VEHICLE PROPOSAL FORM

By completing and submitting this proposal form, you confirm that you satisfy the following 3 criteria and agree to the terms and conditions governing the promotion:

1. My current NCD is 40%<sup>#</sup> and above.
2. I have no accident claims in the last 3 years.
3. I am aged between 30 to 69 years old (age as of last birthday) with more than 3 years driving experience.

### PARTICULARS OF AGENCY

Agent Name: \_\_\_\_\_ Agent Code: \_\_\_\_\_

### PARTICULARS OF PROPOSER

Full Name of Proposer (Dr/Mr/Mrs/Mdm/Ms\*): \_\_\_\_\_ Gender:  M /  F

NRIC / FIN No \*: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Address (if different from Renewal Notice): \_\_\_\_\_

Contact No: \_\_\_\_\_

### PARTICULARS OF NAMED DRIVERS (OTHER THAN THE PROPOSER)

Full Name of Named Driver 1 (Dr/Mr/Mrs/Mdm/Ms\*): \_\_\_\_\_ Gender:  M /  F

NRIC / FIN No \*: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Full Name of Named Driver 2 (Dr/Mr/Mrs/Mdm/Ms\*): \_\_\_\_\_ Gender:  M /  F

NRIC / FIN No \*: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Full Name of Named Driver 3 (Dr/Mr/Mrs/Mdm/Ms\*): \_\_\_\_\_ Gender:  M /  F

NRIC / FIN No \*: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

### PARTICULARS OF CURRENT INSURANCE

Name of Insurer: \_\_\_\_\_ Vehicle Registration No: \_\_\_\_\_ No Claim Discount (NCD) (%): \_\_\_\_\_

Does your current insurance include NCD Protector?  Yes (Please note this benefit is for 50% NCD only)  No (Please tick the box below if you want to include it)

NCD Protector (Applicable for 50% NCD only. This is an optional benefit with additional premium to be paid if your current insurance does not cover.)

The benefit will protect your 50% NCD against the 1st claim during the Period of Insurance. The 2nd claim will affect your NCD and it will be reduced to 20%. The 3rd and subsequent claims will cause your NCD to be totally forfeited. The reduction or forfeiture of NCD will take effect only from renewal. Please note that this NCD Protector is not transferable to another insurer and does not guarantee renewal or non-cancellation of Policy by the Corporation.

Does your current insurance include Loss of Use?  Yes (Please note our Loss of Use benefit below)  No (Please tick the box below if you want to include it)

Loss of Use (This is an optional benefit with additional premium of \$100 (before GST) to be paid if your current insurance does not cover)

Applicable for Comprehensive Cover only. Exclude windscreen damage claims, payable when vehicle takes more than 2 days to repair, pays S\$80 per day from first day up to 7 days.

### DETAILS OF VEHICLE

Please Tick (✓) where appropriate:

Registration No: \_\_\_\_\_ Name & Address of Finance Company / Bank (if applicable): \_\_\_\_\_

Private Vehicle:  Saloon / Sedan  Hatchback/SUV  MPV / Station wagon  Coupe / Cabriolet / Convertible  Others (Please Specify): \_\_\_\_\_

\* Delete where necessary

# OAC reserves the rights to verify the Demerit Points with the relevant authority.  
MPF / APPL1.0 / MAR2016

## IMPORTANT NOTICES

1. Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) (or any subsequent amendment thereof), you are to disclose in the proposal form, fully and faithfully, all the facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, you may receive nothing from the policy.
2. Your Policy is subject to a Payment Before Cover Warranty clause, which requires the premium to be paid before the inception of the cover. This applies to all personal insurance policies. Failure to comply would absolve the Company from any liability under the Policy.
3. The liability of the Company does not commence until acceptance is communicated by the Company to the Policyholder (Insured) or his agent and a Policy is issued pursuant thereon.
4. This plan 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 us or visit the General Insurance Association (GIA) or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg))

## DECLARATION AND SIGNATURE

- a) I / We\* hereby declared and agree to insure my / our\* Private vehicle with THE OVERSEAS ASSURANCE CORPORATION LIMITED (the "Corporation").
- b) I / We\* understand and agree to accept that no insurance shall take effect until this application has been fully accepted, full payment is received and a policy is issued by the Corporation.
- c) I / We\* hereby declare that the above mentioned Private vehicle is and will be kept in road worthy condition.
- d) I / We\* hereby declare that all the answers given in this proposal are true and correct, that this Proposal, the declarations and disclosures herein shall form the basis of the policy, and subject to the policy terms, conditions and exclusions.
- e) I / We\* hereby agree to give my / our\* consent for the Corporation to verify the Demerit Points with the relevant authority.
- f) I / We\* hereby declare that I / We\* and Named Driver(s) possess valid driving licence(s) and have not been disqualified from holding or obtaining such driving licence(s).

### Policy Application, Service and Administration

Where the policyholder(s) is/are an individual or individuals, by providing the information set out above, I/we agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/ we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <https://www.greasternlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Where the policyholder is not an individual, we hereby confirm and represent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that the insured individuals of the Policy we are applying for ("Insured Individuals") have agreed and consented to the disclosure of their personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Individuals, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate our proposal and to provide the products or services which we are applying for. In respect of the Insured Individuals who are subsequently enrolled into the Policy that we are applying for, we further undertake that we shall ensure and procure that each Insured Individual has provided such agreement and consent in relation to his/her personal data for such purposes.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <https://www.greasternlife.com/sg/en/privacy-and-security-policy.html> and which we confirm each of us and the Insured Members have read and understood.

\_\_\_\_\_  
Signature of Proposer

\_\_\_\_\_  
Date (dd/mm/yyyy)

## PAYMENT MODE (TO BE COMPLETED UPON ACCEPTANCE OF MOTOR QUOTATION)

Premium Payable: S\$ \_\_\_\_\_

I would like to pay the premium by (please tick one):

- Cheque** - Please make out a cheque payable to "OAC Insurance".
- Credit Card**:  VISA /  MasterCard (*For lump sum premium only.*)
- OCBC Instalment Payment Plan<sup>^</sup>** Yes, I wish to pay in equal instalment+ over 12 months

- \* Please complete OCBC Instalment Payment Plan Application form along with proposal form.
- \* In the event of the cancellation for OCBC IPP, refund will be made to the credit card.

<sup>^</sup> OCBC Instalment Payment Plan is subject to a minimum of S\$350 (before GST)

+ because of the rounding to the nearest cents, the amount for the First month's instalment may differ from the subsequent month's instalment

Credit Card No.:

Expiry Date:   (mm)     (yyyy)

Relationship to Proposer:  Self  Spouse  Parent  Child  Sibling

Name of Cardholder (as shown on the card): \_\_\_\_\_

NRIC / FIN No. of Cardholder: \_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder

\* Delete where necessary

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MPF / APPL1.0 / MAR2016