

Proposal Form

AA Senior Motor Plus

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

AA Membership No.: _____

Details of Proposer

Name of Proposer: _____	NRIC/FIN No.: _____
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Mailing Address:

Postal Code ()

Contact No.: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
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Occupation: _____	Nationality: _____	Years of Driving Experience: _____
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Email: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Divorced
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How often do you drive? <input type="checkbox"/> 1-2 days a week <input type="checkbox"/> 3-5 days a week <input type="checkbox"/> Almost everyday	How much do you drive every week? <input type="checkbox"/> Less than 50km <input type="checkbox"/> 50-200km <input type="checkbox"/> More than 200km	How often do you drive to West Malaysia? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than monthly
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When do you often drive?
 Day Night

Details of Additional Driver(s)

Name of Driver(s)	NRIC/FIN No.	Date of Birth	Gender	Relation to the Insured	Any Claims in past 3 years	Years of Driving Experience	Occupation

Details of Claims

No. of Claims in the Last 3 Years: _____	Total Claim Amount: S\$ _____
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Details of Vehicle

Brand New Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No		Usage: <input type="checkbox"/> Private Use <input type="checkbox"/> Off-Peak Car	Registration No.: _____
Make and Model: _____		Capacity/Tonnage: _____	Type of Body: _____
Chassis No.: _____		Year of Manufacture/Year of Registration: _____	NCD: _____
OFD: _____		NCD Protector: _____	Engine No.: _____
Parallel Import: <input type="checkbox"/> Yes <input type="checkbox"/> No		Turbo Engine: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Finance Company: _____			Current Vehicle for NCD Transfer: _____
Current Insurance Company: _____			Date of Current Policy Expiry/ Cancellation: _____
Period of Insurance: From _____ To _____			
Any Modification/Accessories: If Yes, please provide details: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
If NCD is "NIL", please provide reasons: <input type="checkbox"/> First time buying a vehicle <input type="checkbox"/> Have been driving other's vehicle <input type="checkbox"/> 2 nd or 3 rd vehicle <input type="checkbox"/> Other reasons: _____			

Type of Coverage

<input type="checkbox"/> Third Party Fire & Theft	<input type="checkbox"/> Comprehensive – Preferred Workshop Plan
<input type="checkbox"/> Third Party Only	<input type="checkbox"/> Comprehensive – Standard Plan

Other Information

Have you or your Named Driver(s):			
1. Been convicted of any motoring offences (other than parking) in the last 3 years or have prosecutions pending?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Been given demerit points for traffic offences? If Yes, please provide		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Driver: _____	Total demerit points accumulated during last 24 months: _____	Date & Type of Offence: _____	
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Information

4. Been refused motor insurance at any time or subjected to special conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have any insurance terminated in the last 12 months due to breach of any premium payment conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever had been identified as unfit to drive in any Medical Examination for Driving License in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Mode of Payment

Annual Premium excluding prevailing GST (7%):	plus prevailing GST (7%):	Total Annual Premium including prevailing GST (7%):
S\$ _____	S\$ _____	S\$ _____
<input type="checkbox"/> Cash	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Full Payment	<input type="checkbox"/> Instalment Payment	<input type="checkbox"/> Check

Bank: _____ No.: _____

Please cross your check and make payable to "LIBERTY INSURANCE PTE LTD".
Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Vehicle No.; (4) Name of Product; (5) Producer Code at the back of your check.

For Credit Card Payment:
Name of Cardholder (as shown on card): _____

Credit Card No.: _____ Expiry Date: _____
[][][][] - [][][][] - [][][][] - [][][][] [][] / [][] (MM/YY)

Singapore Issued Bank (Applicable for Instalment payment only)*: **0% Interest Instalment Plan (minimum S\$500)*:**

Citibank DBS/POSB Standard Chartered 6 months 12 months

*Only for participating banks and subject to their Card Agreement Terms & Conditions.
I hereby authorize Liberty Insurance Pte Ltd to debit my Credit Card account specified above.

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

DECLARATION

I/We do hereby declare and warrant the answers given above in every respect are true and correct and I/we have not withheld any information likely to affect acceptance of this Proposal and agree that this Proposal Declaration shall be the basis of the contract between the Company and myself, and I/we further agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto. I hereby undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be canceled by the Company.

Date

Signature of Proposer