

# Proposal Form

## AA Senior Motor Plus

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

Statement pursuant to Section 23(5) of the the Insurance Act 1966 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

<b>Name of Proposer:</b> _____	<b>NRIC/FIN No.:</b> _____
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**Mailing Address:** \_\_\_\_\_

Postal Code (            )

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

<b>No. of Claims in the Last 3 Years:</b> _____	<b>Total Claim Amount:</b> S\$ _____
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## Details of Vehicle

<b>Brand New Vehicle:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Usage:</b> <input type="checkbox"/> Private Use <input type="checkbox"/> Off-Peak Car	<b>Registration No.:</b> _____
<b>Make and Model:</b> _____		<b>Capacity/Tonnage:</b> _____	<b>Type of Body:</b> _____
<b>Chassis No.:</b> _____		<b>Year of Manufacture/Year of Registration:</b> _____	<b>NCD:</b> _____
<b>OFD:</b> _____		<b>NCD Protector:</b> _____	<b>Engine No.:</b> _____
<b>Parallel Import:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Turbo Engine:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name of Finance Company:</b> _____			<b>Current Vehicle for NCD Transfer:</b> _____
<b>Current Insurance Company:</b> _____			<b>Date of Current Policy Expiry/ Cancellation:</b> _____
<b>Period of Insurance:</b> From _____ To _____			
<b>Any Modification/Accessories:</b> If Yes, please provide details: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If NCD is "NIL", please provide reasons:</b> <input type="checkbox"/> First time buying a vehicle <input type="checkbox"/> Have been driving other's vehicle <input type="checkbox"/> 2 <sup>nd</sup> or 3 <sup>rd</sup> 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):			
<b>1. Been convicted of any motoring offences (other than parking) in the last 3 years or have prosecutions pending?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Been given demerit points for traffic offences?</b> 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: _____	
<b>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?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Other Information

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

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

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## Mode of Payment

Annual Premium excluding prevailing GST:	Prevailing GST:	Total Annual Premium including prevailing GST:
S\$ _____	S\$ _____	S\$ _____

- Credit Card through [AXS Online](#)/AXS Stations
  - Select Liberty Insurance as the billing organization
- Bank Transfer / PayNow Corporate
  - Name of Bank: United Overseas Bank Ltd
  - Account Number: 451-304-455-5
  - PayNow UEN: 199002791D555
  - Entity Name: Liberty Insurance Pte Ltd
  - Remarks: Key in Cover Note Number or Full Name & Contact Number
  - Please provide a screen capture of the payment



Upon making payment, kindly email payment details and completed proposal form to

[accountsreceivable@libertyinsurance.com.sg](mailto:accountsreceivable@libertyinsurance.com.sg).

Should you have any queries, you may contact Liberty at 1800-LIBERTY (5423 789), Monday to Friday, 8.30am – 5.30pm.

## 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